

ny,  
out

od,  
man

"It  
led,  
nds

girl,  
cart

art  
t."

chy

\$0

\$0

lay

do

ht,

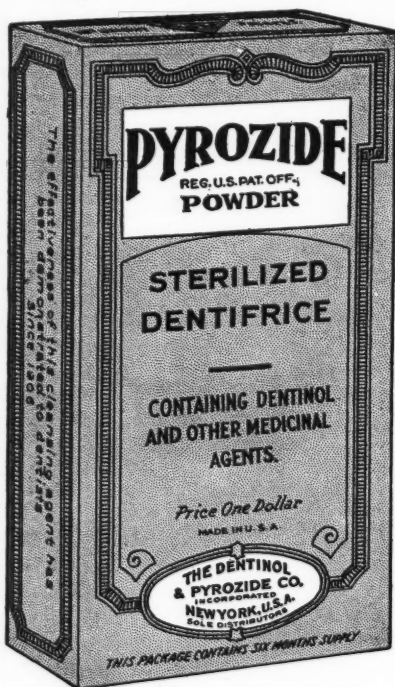
out  
run

on-

ty,  
ock

an  
on-

# Cooperation would not be Worth Talking About if Dental Patients received Office Treatment Every Day in the Year



But, as tooth and gum inspection usually runs on a quarterly or a semi-yearly schedule, the home work by the patient is a vital thing.

Brushing the teeth to keep them clean and brushing the gums to stimulate them and to keep them hard, are functions the value of which, is gauged by the mediums employed by the patient during the intervals of professional treatment.

The cleansing properties—the gum hardening properties—the gum stimulating properties of Pyrozide Powder suggests its use as a co-operative agent of high efficiency.

**GUM-GRIPPED  
TEETH  
GIVE LONG  
SERVICE**

## FREE SAMPLES COUPON

The Dentinol & Pyrozide Co., Inc.  
Sole Distributors  
1480 Broadway, New York, N. Y.

Please send Pyrozide Powder samples and booklets for my patients.

Name \_\_\_\_\_ O.H.S.

Street \_\_\_\_\_ D.D.S.

City and State \_\_\_\_\_



# SLEEP—your Ally

One of the greatest allies the dentist can have in bringing about comfort and regeneration after a difficult operation is SLEEP. Patients who SLEEP well following an operation are certain to improve quickly. Your own experience will bear this out.

Dentists have learned to know the value of PASADYNE (Daniel) in bringing about a natural, physiological sleep. The dentist can prescribe this anti-spasmodic and hypnotic safely because it is not habit-forming and has no harmful after-effects. After slumber induced by PASADYNE (Daniel) the patient awakens refreshed and thankful for the hours of torture she has been spared.

The medical profession has prescribed PASADYNE (Daniel) for over 50 years. The dental profession too, has learned its value. Prescribe a tablespoonful every three or four hours, as indicated and note the pleasant and gratified reaction from your patients.

*Mail Coupon Today*

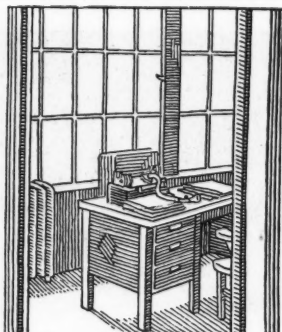
**John B. Daniel, Inc.**  
Atlanta, Georgia

Please send me FREE literature on PASADYNE (DANIEL).

Dr. ....

Address.....

THE  
*Publisher's*



*No. 112*

# CORNER

*By Mass*

*"Let us now be up and doing  
With a heart for any fate—"*

—and write ourselves a little CORNER, even though it's getting late. H-m-mmm. First it's one month then it's another and wot can you do about it? Hot damn!

There's somè swearing for you Bert Shryock, which cares for complaint in yrs. of 3d inst. sqawking because there was no profanity in the last CORNER, the one about the redwoods and I wish I was there tonight.

But, Bert, down on Lakandula street they don't complain of this department. Dr. Fernando Cabral of Manila lives there and reads the CORNER each month as soon as the postman slides O.H. through the mail-slot. Dr. Cabral belongs to the carriage trade, to whom we cater—you ruffian, you.

And in Kansas City they don't ask for anything other than the usual dainty diction either. Dr. Fred Richmond says he "reads the CORNER religiously every month" and Fred is Insurance Secretary of the American Dental Association. A very elegant guy and mighty tasty in his reading.

And Dr. V. B. Milas of Chicago is satisfied with things as they are. "What's the matter with the Blue Noses who kick about your CORNER?" he wants to know.

Blue-Nosed Bert, the Korner Kibitzer.

And Harry Barnes of Dimond Hill up in New Hampshire is carriage trade, too, Bertie. "The CORNER receives first attention" on Dimond Hill when ORAL HYGIENE arrives—

[Wait. Young Mass wants "a bowl of bread busted up with honey on it and a glass of milk" to eat in bed. We'll have to steam him loose in the morning.]

And Captain George Cecil (in this issue with one of his articles) is a satisfied CORNER-customer too, Bertram. He writes from Paris. (Where *doesn't* this radiant rag circulate?)

You should argue with a smart man like the Captain, Mr. Shryock. He just wrote "The History of Opera in England."

And Dr. Warren N. Shelledy, down in Centralia, Missouri, isn't complaining either.

And Old Reliable Bill Kelsey of Minneapolis: "I

remember something my old Dad said to me forty years ago—"Whoa. No, I can't print that.

And Miss Hansen, of the *Pacific Dental Gazette*, is carriage trade, too. *She's* satisfied.

With the CORNER considered so very what-ho by such nice people, the only thing for you to do, Bertie, is to get nice.

Or patronize some other shoppe.

\* \* \*

SCRAPS FOR POSSIBLE FUTURE CORNERS, SIMMERING  
IN THE NOTEBOOK:

"Why do I always respond to tom-toms?"

\* \* \*

"Dining car conductor affectionate as a wet dog—  
when I wanted to read Andy Gump."

\* \* \*

"Henry Karpf's Dental Hymn."

\* \* \*

"Byrne Power's verse about the Efficiency Expert  
CORNER."

\* \* \*

"Chanteur Massol's statue in the Paris Opera, discovered by Jim Govey."

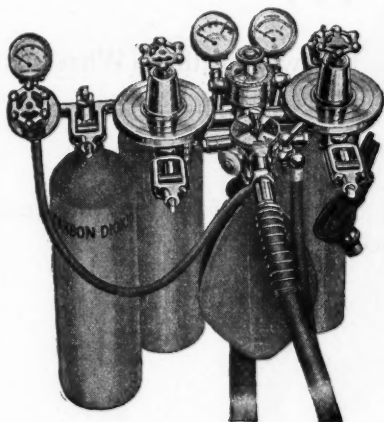
# HEIDBRINK

## HIGHEST QUALITY ENGINEERING

### HEIDBRINK DENTAL UNITS

Designed, manufactured, and sold with the one idea of giving you an adequate apparatus that is absolutely reliable and safe—one which you can operate with pleasure and profit.

Send today for your copy of our new Catalog 7.



*Carbon Dioxid Attachment Shown*

### MAVES NO. 3 INLAY WAX

#### GREEN OR BLUE

A superior inlay wax for all methods, especially adaptable for wax pattern expansion techniques.

Sticks and cones

**\$1.00**

*The* **HEIDBRINK COMPANY**  
*Minneapolis Minnesota U.S.A.*

"Thrill at finding O.H. on a Chicago newsstand."

\* \* \*

"Walter Hines Page edited at a long table, moving along to find a clear space."

\* \* \*

"Jim Howze's story of the Southern evangelist."

\* \* \*

Larry Dunham's suggestion: "Why don't you do one about the alarms of a publishing office?"

\* \* \*

"The queen whose kiss was death." (What was that one about I wonder?)

\* \* \*

"A sign: 'Come in and play golf in front of a real old-fashioned fireplace.'"

\* \* \*

And good night.



# ORAL HYGIENE

Registered in U.S. Patent Office  
Registered Trade Mark, Great Britain

*A Journal for Dentists*

TWENTIETH YEAR

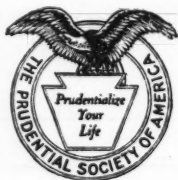
NOVEMBER, 1930

VOL. 20, No. 11



*"They broke yesterday, all of a sudden, and would you believe it—I wasn't eating a thing but a little of the turkey dressing."*

PRUDENTIALIZE  
YOUR LIFE



THE  
Prudential System  
... OF ...  
PANEL  
DENTISTRY

is one of the outstanding  
innovations of the Century,  
bringing to the good people of

**Livingston, N. J.**

an exceptional and important  
Dental service at a positive  
stipulated basis of fees.

This formal announcement  
will be received with elation  
by not only the person re-  
sponsible for the main-  
tenance of the home but by  
every member as well, and  
the significance of this mes-  
sage and the apparent econ-  
omies that have been estab-  
lished make it all the more  
appealing in this day of ex-  
cessive charges.

**Panel Dentistry**

provides for a superior qual-  
ity of service at a set price.  
We suggest the advisability  
of writing to our home office  
at Montclair, New Jersey,  
for further particulars.

THE PRUDENTIAL  
SOCIETY OF AMERICA

Livingston Kiwanis  
Ad in West Essex News

THIS is the day of sudden, complete and far-reaching changes. Seven months ago, when ORAL HYGIENE introduced the subject of Panel Dentistry to the American dental profession for the first time, it was not thought that it would be a problem for immediate consideration.\* Five, ten, even twenty-five years was set as the date of its possible introduction into this country. *Yet today Panel Dentistry is here.*

\*May, 1930 issue ORAL HYGIENE, page 981.

# PANEL DENTISTRY

*is* HERE

By T. N. CHRISTIAN, D. D. S.,

ASSISTANT PUBLISHER, ORAL HYGIENE

THE September 16th, 1930, issue of the West Essex, (N. J.) *News* carried the following news item, together with the advertisement appearing on the opposite page:

"The Prudential Society of America, with general offices in Montclair, N. J., makes a very important announcement that should prove of particular interest to those of our readers who have and feel the necessity of dental inspection, but who may have been deterred with the thought of hard times and the possibility of excessive charges.

"This Society with 120 branch offices throughout the United States and Canada, presents for your consideration Panel Dentistry as an adjunct to its health policy that has been functioning for over three years.

"Panel Dentistry has found much favor in England where it was first introduced and this New Jersey institution is rap-

idly interesting the highest standards possessed by the most reliable dental doctors, who have sensed its potential and appealing provisions."

For those who are not thoroughly acquainted with Panel Dentistry, let us briefly review its history.

Panel Dentistry has been in effect in England for almost twenty years, or since 1911. Under the English system it is provided for by the National Health Insurance Act and while certain insurance societies are approved by the Government and act as agents, they are in reality under Government control.

All persons between the ages of sixteen and sixty-five, who are employed under a contract of service in manual labor, must contribute a certain amount each week to unemployment and health insurance. Employers also must contribute for every employee and are also re-

sponsible for their employees' payments. The payment is made by the purchase from the post-office of Health Insurance and Pension Stamps. These stamps may be affixed to a card which the employed person obtains from an approved insurance society.

When the funds of these societies reveal a surplus (so far they always have) the surplus funds are available for what are known as "additional benefits." The additional benefits which are in greatest demand by the insured are dental and optical care.

This brings us to an explanation of the term, Panel Dentistry. There is no compulsion upon any dentist to do work under the fixed scale of fees or conditions set by the societies. If, however, the dentist prefers to give his time in whole or part to this insurance dentistry he puts his name upon the Government register, which is known as the Panel, and this list is supplied to all approved societies.

When the working people who are members of these societies desire dental benefit they go to their approved society officials and obtain credentials and a list of dentists who are on the "Panel." They may go to any Panel dentist they prefer. In England, then, the Panel is the Government list of dentists who have voluntarily agreed to work for the scale of fees and under the conditions of practice agreed upon by a joint committee appointed by the Minister of

Health, consisting of fourteen representatives of dental organizations and a like number of representatives of approved societies.

In reviewing the English dental profession's attitude toward Panel Dentistry, it is noted that there are two major objections. The principal one is that the fees are so unreasonably low that it tends to lower the entire standard of dental practice.

While it is not compulsory that a dentist accept Panel patients, it soon becomes an economic necessity that he lower his fees to Panel prices. As Dr. F. N. Doubleday of England has said: "*The result is that the standard fee fixed for the insured person is tending to become the standard fee for the whole field—all middle class practice.*"

Another objection that is made to Panel Dentistry in England is the dictatorial attitude of the insurance societies. English dentists complain that the agents for these companies have no appreciation of the value of an examination. Most of the disputes arise over endeavors on the part of the society to regard certain treatments recommended by the dentist as unnecessary and these treatments are often objected to by the laymen of the societies in order to cut down the amount which they must pay toward treatments. It is also felt that these men tend to act as "directors of treatments," in some instances making reports which over-ride the

# PANEL DENTISTRY

An address by F. N. Doubleday, L.R.C.P.,  
Lond., M.R.C.S., L.D.S., Eng., London, Eng-  
land.\*

Discussion by Herbert E. Phillips, D.D.S.,  
Chairman A.D.A. Committee on the Study of  
Dental Practice, Chicago, Illinois.

As reported by T. N. Christian, D.D.S., As-  
sistant Publisher of ORAL HYGIENE.

## FOREWORD

*What Is Panel Dentistry?*

Before attempting to answer  
this question I

*When this was printed seven months ago,  
ORAL HYGIENE did not realize that Panel  
Dentistry was so close.*

conception of the treatments as seen by the practitioner, so creating a lack of confidence between the dentist and his patient.

A system of insurance dentistry similar to that operated in England has been in effect in Germany for a good many years. Leading dentists of Germany have commended the American Dental Association for its step toward the study of the question of insurance dentistry because they have felt that this system has done a great deal toward the undermining of private practice in Germany.

The stand that the American

Dental Association has taken since it first noticed the trend of dentistry throughout the world toward insurance dentistry has been that before such a system should be inaugurated in the United States, the dentists of this country should be given an opportunity to determine the actual cost of dentistry. If Panel Dentistry should then be instituted the fees could be made fair to both patient and dentist and not be so low that they would produce inferior work and in this manner lower the standards of practice.

The exact working plan of the Panel system, as introduced

by the Prudential Society of America, has not been fully explained. In a letter to ORAL HYGIENE, from Mr. Charles Henry Kinney, President of the Prudential Society, he states, "After a most exacting investigation, we discovered and verified that dentists of an unusual type were willing to make examinations and then the cleansing of teeth for a maximum sum of \$2.00. If x-rays are necessary, then there shall be a maximum charge of \$5.00."

In a previous announcement concerning the introduction of their system, Mr. Kinney said, "There is now on the press the most appealing Health Policy that has to our knowledge ever been brought out for the benefit of suffering humanity, especially for those affected with disorders of the teeth."

Whether or not the American dental profession will look with favor upon the efforts of the Prudential Society of America to introduce Panel Dentistry in this country will, in a great measure, depend upon the conditions under which this company intends to operate.

The fact that the dental press and those who are familiar with the plan of insurance dentistry look with apprehension upon its introduction into this country, may very clearly be seen by the following editorial in the *International Journal of Orthodontia, Oral Surgery and Radiography*, commenting on the May ORAL HYGIENE article:

It is our belief that nothing would do so much as the Panel system as it exists in England, to lower the professional standing of the dentist and the physician in this country. We often hear the statement that dentistry has developed from the barber shop, for it was the barber who at one time attended to dental duties. Considering its lowly beginning, dentistry has made tremendous strides in becoming the science which it is today. However, with the advent of the Panel system, as employed in England, it is our belief that the barber would occupy a much higher professional standing than the dentist. The barber is able to choose his clientele and establish his own scale of prices, but under the Panel System the dentist is compelled to work for such patients as are apportioned to him by certain friendly societies, fraternal organizations and insurance committees, nor is he permitted to establish his own fee.

Labor unions and health organizations are getting a greater control of the affairs of the country each day. In the New York State legislature an old-age pension bill was passed last year. There has also been introduced in the New York State Assembly, each year for the last few years, a compulsory insurance bill which provides such benefits as are similar to those provided by the Panel system in England.

A careful study of this bill shows that the physicians and dentists will be stripped of professional standing and independence by being placed on a Panel where they will be chosen by the Fund or Society and will be compelled to do work for the insured persons at a fee already stipulated by the organization. The practice of medicine and dentistry will be placed under the control of a group of individuals who know nothing about the nature or the value of such services. As a certain number of men would have power in arranging the Panel, the distribution of patients would be

under political control, and it necessarily follows that medical affiliations would have a great deal to do with the number of patients that are assigned.

We could quote many other objectionable features of this system as embodied in the bill which was before the New York State Assembly. We believe, however, that we have given enough to show the profession that Panel dentistry in this country is not remote. The only way for the medical and dental professions to combat this is by organizing with strength equal to the labor unions which are trying to "put it over."

If the medical and dental professions are willing to have the labor unions dictate to them, there is of course no need to organize. If the doctors and dentists desire to remain as independent as the barbers, then it will be necessary for them to organize in order to combat such detrimental laws as have been introduced and are gaining headway.

The American Dental Association has been and still is making an extensive study of dental practice, both in the United States and foreign countries. This association has also been engaged in sending questionnaires to the dental profession in order to ascertain the operating costs of a dental practice and what fees it is necessary for

the dentist to charge in order to realize an income in keeping with his investment in education and equipment, his operating expenses, his value as a unit in the public health scheme and his standing in the community.

Those who looked upon Panel Dentistry as something that would not concern them for a good many years will undoubtedly realize now that it deserves their immediate consideration. Just what effect it will have upon private practice cannot be determined at this early date. While Panel Dentistry, as offered by the Prudential Society of America, is a private enterprise and not sponsored by either the government or state, one thing is certain—it will pave the way for state and government consideration of the question of national and compulsory health insurance.

ORAL HYGIENE plans to continue the study of this problem and to present the facts as they develop. It is hoped that it will be possible to publish in an early issue complete details of the first system of Panel Dentistry inaugurated in this country.



# SHOWING *the* PATIENT

By JOSEPH B. JENKINS, D. D. S.

WE, as dental surgeons, are facing a campaign of health education. Our peculiar message is that of the importance of oral conditions and their relationship to constitutional health.

If the health story can be related to the patient in an interesting, understandable manner, couched in simple language and illustrated by real photographs of actual cases with authentic case histories back of them, it will carry much more conviction than mere unsupported statements.

We have been in the habit of employing the roentgen ray for examination of only those teeth suspected of being non-vital or diseased, and using the ray only to verify our suspicions, when, in fact, there are at least twenty-three other possible abnormal conditions to be revealed by the radiograph. No one in this day of modern diagnostic aids has a right to guess at the condition which might lie hidden beneath the bone and gum tissue. If patients knew what we dentists

know about conditions too frequently existing in the mouth, hidden to the eye, and the relationship that exists between these conditions and constitutional health, they would refuse to accept a diagnosis based upon visual examination alone, and would insist upon radiographic examination.

We shall not permit the roentgen ray to take away our eyesight, but we should remember that the important two-thirds of the tooth is hidden in the jaws.

The chart on the following pages is a collection of prints made from the diagnostic films illustrating the conditions revealed by the roentgen ray, disclosing twenty-four conditions associated with pain and ill health. This was prepared for the purpose of aiding the writer to visualize to his patients the hidden causes of illness which may be uncovered by modern diagnostic means.

When he does this he frees himself of a vital responsibility, and places it upon the patient to whom it rightly belongs.

*[The illustrated pages in this article are available in the form of a reprint on heavy paper, suitable for use at the chair. You may obtain a copy without charge by writing the publication office, 1117 Wolfendale St., Pittsburgh, Penna.]*

# 24

## DENTAL CAUSES of ILL HEALTH

### 1. *An Abscess*

May result in a bone infection, toxins in the blood, systemic diseases, heart and other organic diseases. The tooth may seem sound and comfortable.

---



### 2. *A Granuloma*

Is evidence of infection and bone destruction; often breaks down into painful abscess and blood infection; always unsafe and should be removed.

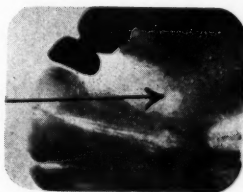
---



### 3. *Infection in the Bone*

May remain many years after tooth is extracted. Frequently explains why patient fails to recover health by mere extraction of teeth. Diseased area should be removed also.

---



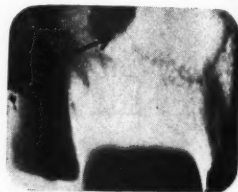
### 4. *Root Left in Jaw*

As likely to cause disease as an infected tooth. Usually unsuspected; painless; cause of many systemic chronic diseases. Should ALWAYS be removed.



5. *Root in Antrum*

Should never be allowed to remain, causes serious disorder, pains and complications. Should be removed as promptly as possible.



6. *Pyorrhea Infection*

Often in last stages before discovered. Usually painless. Always filthy, causes many diseases, much better check it in its early stages.



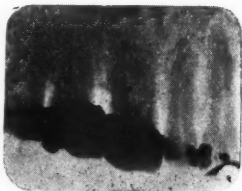
7. *Tartar Deep Under Gum*

Frequently accounts for sore teeth, bleeding gums. One of the fore-runners of pyorrhea. Must be found and removed or gum and bone may become infected.



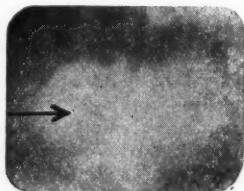
8. *Irritating, Ill-Fitting Dental Work*

X-ray shows effect on the bone, how it wastes away under inflammation, forming pus pockets, and food-trap.



9. *Infected Cyst in Bone*

Usually unsuspected, frequently painless. Often results in complete fracture of bone. X-ray will reveal true condition.



#### 10. *Hidden Decay*

Long before the top breaks in it may be undermined by decay and the tooth lost before trouble is discovered. Check up.



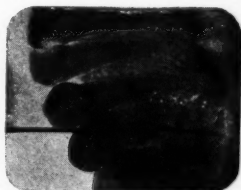
#### 11. *Supernumerary (Extra) Teeth*

Frequently explain vague pains, neuralgias, eye disturbance, cysts, bone destruction, unerupted teeth and discomfort under plates.



#### 12. *Broken Hypodermic Needle in Jaw*

Sometimes lost in the tissues following hypodermic injection. Should be removed promptly. Likely to cause trouble if allowed to remain.



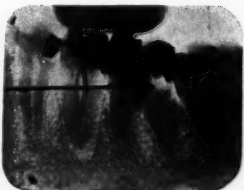
#### 13. *Curved Roots That Break Easily*

Showing why some teeth are more difficult to extract than others. No one can foretell the size, length, shape or curvature of a root without x-ray examination. When roots break off they should be removed.



#### 14. *Decay Under Good-Looking Fillings or Crowns*

The filling or crown may appear perfect. An x-ray picture may reveal recurrence of decay. All old dental work should be carefully examined to determine if it is worth keeping.



### 15. *Condensing Osteitis*

Inflammation and condensing of bone, presses upon large nerve trunk. Produces neuralgic pains in head and neck.

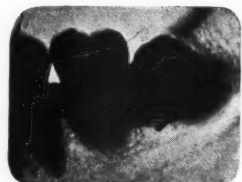
---



### 16. *Impacted Wisdom Teeth*

Often lie deep in the jaw out of sight, causing 22 different disorders, pain, neuralgia, neuritis, muscular and sensory paralysis, nervousness and frequently insanity. Should always be removed.

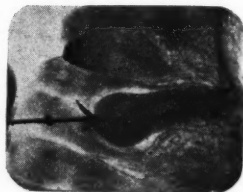
---



### 17. *Impacted Cuspid*

Frequently produce many of the foregoing symptoms including eye disturbances, mental and nervous disorders. Never safe in these positions.

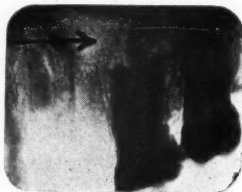
---



### 18. *Pus in Antrum*

Resulting from colds, influenza, poor drainage, abscessed tooth roots sloughing into the sinus, causing head and face pains, foul odor, fever and other complications.

---



### 19. *Enlarged Root-Ends That Break Easily*

Prevent easy extraction. Another reason why it is WORTH more to extract some teeth than others. Only the x-ray will show this.



### 20. *Pulp Stones in Nerve Cavity*

Frequently explain why a sound-appearing tooth may cause aches, pains, neuralgia and neuritis. It often irritates the nerve like a grain of sand.

---



### 21. *Root-End Necrosis*

Usually indicates death of tooth and bone, sloughing of the dead part, infection and poisoning the blood stream. Always advisable to extract even if patient is well.

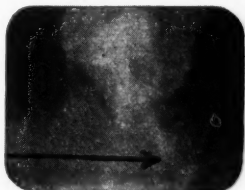
---



### 22. *Broken Jaw Bone*

Frequently the jaw is fractured without one knowing it. Attempted extraction of teeth, following injury, without x-ray might prove serious. Better check up FIRST.

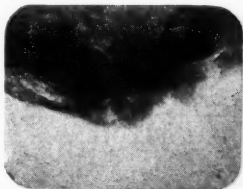
---



### 23. *Bone-Tumor*

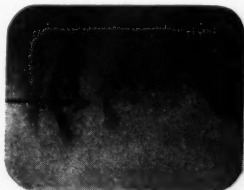
Often discovered before doing much damage. Sore place or enlargement under a plate, or in the jaws might prove to be worthy of one's most careful attention.

---



### 24. *Osteomyelitis*

Frequently the bone becomes infected, destroying entire jaw and causing loss of teeth. Of long duration, requiring careful management. Swollen jaws should be carefully examined, using the x-ray in all cases.



# After FIFTY Years

By ALPHONSO IRWIN, D. D. S.

*"As one of the pioneers in the oral hygiene movement my observation covers a period of fifty years. The progress made during that time has been simply amazing and should stimulate dentists to redouble their efforts in this cause, because it surpasses the most sanguine hopes of its original advocates. It is with this aim that we record our observations in ORAL HYGIENE."*

THE perpetuity of a race depends upon the health of its members. Nations are evolved from the races. Hence the perpetuity of a nation depends upon the health of the citizens composing its races.

Governments exist and function when healthy men conceive and uphold them. Governmental stability depends upon

healthy minds, operating in healthy bodies. The biggest asset of a nation, government, race, is the health of its citizens—not its wealth, natural or acquired material resources, important though they may be.

What good is a big bank account to a man who can never digest his last meal? A nation of dyspeptics can never become a hundred per cent efficient. Neither can a man cure his dyspepsia unless he acquire a healthy mouth in which organs of mastication prepare the way for normal gastronomic processes.

The American nation has been dubbed "a nation of dyspeptics" by certain of our European professional brethren and when we look at business men gulping down their dentured or predigested meals in haste, there seems to be foundation for the assertion. The economic loss to a nation from indigestion is beyond computation. A medical authority has asserted that "three-fifths of the ills of mankind are due to dyspepsia."

Should this diagnosis be confirmed by the revelations of the x-rays and research of the bac-

teriolgic, it is conclusive proof that lack of mouth health may become a menace to life itself as well as a cause of unpardonable economic waste. Statements to the effect that diseased teeth and septic mouths are the main sources of dyspepsias have become so cumulative that they are accepted as facts by well informed people.

While the multiple ills resulting from dyspepsia diminish industrial capacity with its resultant inevitable in the shape of lost wages, statistics are accumulating to prove such economic wastage and the actual amount of money lost.

Lack of mouth health was a very noticeable feature in reducing the seven million men to less than two million of youths physically fit to become soldiers and enter the World War. This neglect of the mouth and teeth was still more apparent in other countries than the United States. In this connection we must remember the famous saying of a famous soldier: "An army fights on its belly." "Belly-fodder" is more deadly to the soldier than grape-shot. Unmasticated "belly-fodder" saturated more or less with pus won't help soldiers fight. Much less will it help the wage-earner to fight the battles of life.

Hence we conclude that three-fifths of the ills that mankind suffer from, as well as physical and financial loss, are due to abuse of the alimentary tract, aggravated by a septic mouth and carious teeth.

The dissemination of knowledge in regard to mouth health culture assumes a significance not hitherto granted to it, in the overwhelming stress upon producers to meet competition in all lines of human activities which is characteristic of the present age.

One hundred per cent industrial efficiency is demanded by the employer. Very few men past fifty years of age can hold a job, much less secure a new one. Men who have not acquired a competency before they are fifty rarely do so afterward. Nothing slashes one's earning capacity more drastically than a foul mouth and carious teeth.

Oral hygiene concerns the masses more than the classes—as a problem of economics. The cultured few are familiar with the value of oral hygiene in the mad race for wealth, position and fame. But the great majority of people do not know or care about mouth health. A few deem mouth cleaning as effeminate or indicative of a weak mind; some boast that they never have to pay any attention to their teeth; others declare they never have any dental work done and never go to a dentist unless a tooth aches and then go to have it extracted; those who have a prejudice against dentists and dentistry are only too familiar. By far the large majority of people are unaware of the advantages of oral hygiene and the children must, above all others, be

trained to take adequate care of their teeth and mouths.

Hence dissemination of knowledge concerning the value of oral hygiene is an insistent problem demanding solution. One of the most useful as well as practical agencies which may be employed is the free dental clinic.

As one of the pioneers in the oral hygiene movement my over-

servation covers a period of fifty years. The progress made during that time has been simply amazing and should stimulate dentists to redouble their efforts in this cause, because it surpasses the most sanguine hopes of its original advocates. It is with this aim that we record our observations in ORAL HYGIENE.

### ORAL HYGIENE Cup Winner



I am indeed very proud and happy in being presented with the wonderful ORAL HYGIENE Cup as winner of the A.D.A. Golf Club Handicap Championship for the year 1930. I shall always feel very proud to own it.—John C. Brauer, D.D.S., University of Nebraska, Lincoln, Nebraska.

[Editorial Note—Every dentist who plays golf will be interested in hearing more about the game in Denver last July and in particular about this young dentist of only 24 years who walked away with the honors in competition with many veterans.

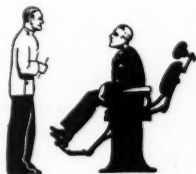
The tournament was divided into three classes, A, B and C. Class A consisted of those whose handicap was 0 to 8; class B from 9 to 16 and class C from 17 to 24. A certified card showing score of the best five rounds on the golfer's home course and signed by the club professional determined the handicaps. Dr. Brauer was registered in class C.

The night before the tournament the dental golf banquet was held and after the banquet the players were sold in the Calcutta Pool for prices ranging from \$25 to \$200, depending upon their popularity and proficiency as golfers.

On the morning of the tournament it started to rain early in the morning but the officials did not change the time so the play was continued. Practically the entire game was played in the rain. Dr. Brauer won the handicap championship and the ORAL HYGIENE Cup with a net score of 142 for the 36 holes.

Dr. Brauer graduated from the University of Nebraska in 1928 at the age of 22 and has only been playing golf for two years.

# My Heart is With the YOUNG MEN



By HAROLD J. RISK, D. D. S.

A YOUNG man who has spent but a few short years in dentistry should undoubtedly keep his mouth shut. His judgment cannot be matured and he should permit time and his profession to have their way with him for a longer time. Nevertheless in all sincerity I write my thoughts and my observations, for I am not alone in them. I have no ax to grind—these few years have passed swiftly—they have been increasingly productive.

My heart is with young men who are meeting with only mediocre successes in dentistry.

I am not expressing idle fears when I say that something is seriously wrong. Recent years have brought a false comradeship into our ranks. Basically these disturbances seem of economic origin. Too many organizations have become political, and rely on "ethics quoting". "Don't do this" and "you can't do that!" One tires at the attempt of men to legislate the actions of others of their profession.

True ethics, like anything else, is heart-born. It cannot be dictated.

I might be accused of trying to undermine the foundations of organized dentistry; I have no such intention. Can a person really advocate a newer, revised code and ever make anybody see any sense in it? It is difficult to find out conclusively whether changes are wanted or not. Fear and indifference rule all movements.

Perhaps it is dream-stuff, and I am writing in confusion; but I am convinced that dentistry needs new freedom and fresh objectives to inspire new ambitions within her ranks. The optimists speak loudly of the successes and advancements of our profession, and it is true; but economic statistics show us other things which are not so encouraging. Plainly, there is no sudden solution but to appeal to higher motives, and man's basic love for the best for his chosen profession.

# A Gentleman of Healing

By FRANCES SMITH DEAN

*Dentistry as she is practised in a dark spot on the other side of the world. Missionaries are cooked and eaten in some of civilization's outposts and one might almost — perhaps not quite — prefer that to accepting "dentistry" of the type described.*

"**D**R. —, dentist, performs physical experiments on metals and metalloids, extirpates teeth, and undertakes stumps given up by other professional experts. Terms: one tooth, one rupee; two teeth, two rupees; three teeth, two rupees and eight annas. Take advantage of the opportunity."

The good priest, whose abscessed tooth had become so obstreperous that he had decided to accept native dentistry along with the other customs of the country to which his assignment to Bengal was inuring him, stood aghast before the amazing preamble. In brilliant letters it occupied as much space as an old-time circus billboard;

it purported to be a bona fide advertisement of feats of prowess later to be displayed.

"Dr. Blank is a gentleman of healing," reassured the dusky-faced student who had conducted Father from the mission to the principal street of the town. "He has a far-spread reputation for much learning, curing infallibly all disease known to a dental surgeon."

With a last apprehensive look at the professional shingle of the expert in extirpating teeth, the missionary took a mental bracer and entered the presence of a beaming person of small stature, whose face was liberally anointed with oil and "ghee," a sort of clarified butter. He was in negligee, but at once directed his assistant to fetch his habiliments of office. This lifted a great doubt from the mind of his prospective patient, for his negligee, consisting of a few yards of stained cotton, which obviously had seen previous service as both handkerchief and towel, was anything but reassuring.

Then and there in the presence of the patient the ceremonial regalia was donned. The Bengali "dhoti" was replaced by a pair of allegedly white pants several sizes too large. A

bright red shirt was slipped on. Two bare feet were thrust into two cylindrical-shaped rags which turned out to be socks in their last stages of probably their final incarnation as foot-gear. The "hookha" which the dentist had been leisurely smoking was shoved over to make room for a shaky chair. Then, without the preliminary of washing his extremely oily hands, the practitioner grasped the lower jaw of his startled victim and yanked his mouth open.

"A very nasty abscess!" he exclaimed, "But have no fears. In five minutes it will be only a thing of the past. Here at hand, fortunately, I have some marvels in patented medicines guaranteed to eliminate without pain every form of dental disease."

"Would you mind scrubbing your hands before you go any further?" the patient requested, with the authority natural to one of his cloth, and rightly conjecturing that no offense would be taken by a native of a country where caste must be observed strictly. No doubt this business of washing before operating was something that all priestly gentlemen expected! Obediently the dentist laved his fingers, as daintily as if he had reason to fear too vigorous rubbing might destroy them, in an extremely rusty bucket. While he carried on his ablutions, the priest gazed about in mingled curiosity and foreboding. Immediately he wished he hadn't. Never had he had such striking

proof that where ignorance is bliss, 'tis folly to be wise. Unmistakable evidences of yesterday's record of "extirpations" lay all about, not even the blood stains having been removed. At that moment the Bengalese looked up, saw the direction taken by his patient's gaze, and began voluble explanations.

"You will excuse. I am an old man. My health is extremely delicate. Blood makes me very sick. When my patient's operation was finished yesterday, I was too ill to do more than totter over to the corner and compose myself by puffing at my hookha."

Should he remain and risk blood poisoning, pondered the poor priest, or was there still time to escape? The jumping pangs of his tooth, however, made him feel that any fate was better than a continuation of such torture.

"Don't fool with this patented medicine of yours," he admonished, again with peremptory finality. "This tooth is past saving. It must come out."

Dr. Blank trembled visibly. "Oh, but good Father," he protested, "That will be to inflict such hurting. To spill so much blood. Do you think you will bleed very much?"

The priest, in his best Bengali, promised to restrain himself to the utmost. Tremulously the wretched native reached for an assortment of stained and rusted forceps scattered among the debris of a hopelessly disordered table. It was apparent that he did not know

which to select for the aching tooth. He compromised by trying first one and then the other, while the unfortunate patient gripped his hands together convulsively till the veins stood out, in a manful effort to keep from shrieking aloud. At last Dr. Blank discovered an instrument that seemed to fit the occasion and with a vise-like grip clamped it over the tooth. Bracing one knee against the victim's stomach he pulled with might and main, a small, puny creature, seemingly impotent to cope with so colossal a resistant as the abscessed tooth. Sweat stood out upon the good Father's brow, a groan of agony was wrenched from his lips. Suddenly there was a cessation of hostilities, a momentary respite of pain. He opened his eyes.

"Is it out?" he gasped.

"No, alas!" apologized the "dentist," looking ruefully from the forceps to his own palm. "But I have bruised my hand, the blood shows. Really, my dear Father, I fear I shall not be able to complete the operation. Blood makes me so very ill."

The priest struggled to his feet. Only his sacred calling and years of stern self-discipline restrained him from speaking his mind.

"Well, well!" was all he said, as he took up his hat and departed.

"At any rate," he consoled himself—with an involuntary shiver at the recollection of that "office"—"perhaps I have escaped a serious infection. And the English dentist comes to town in a few days for his monthly visit."

---

### *The Denver Meeting*

Allow me to thank you on behalf of the Local Arrangements Committee for the Seventy-second Session of the American Dental Association for your generosity in giving us space in your splendid journal. We feel that you assisted us greatly in magnifying the meeting and want you to know it was deeply appreciated.—HENRY F. HOFFMAN, *Chairman Publicity, Local Arrangements Committee, American Dental Association.*

# DON'T!

Says

FRANK H. WILLIAMS

*—after interviewing  
successful dentists.*



DON'T frighten patients—because this may set them against you and make them go to some other dentist, where they won't be scared out of their wits.

"I had difficulty some years ago in getting the right percentage of repeat calls from my patients," said an older dentist in talking on this point. "I seemed to get along fine with my patients but a surprisingly large number of them never came back again. What was the trouble? I gave considerable thought to the matter and finally decided it was because of a mannerism of mine of which I had thought but little. After finishing my work on a patient I'd say this to him, laughing as I said it: 'Well, that will fix you up until I have to take out all your teeth and cut a piece out of your jaw bone.' Now without realizing what I was doing, I was frightening my patients by talking to them that way. So they just naturally didn't come back again for fear I'd make good my threat and cut away a piece of the jaw. What had struck me as being a

bit of pleasantry struck my patients as being something mighty serious. Now I've cut out everything that has the slightest tendency toward frightening my patients and, as a result, I'm doing a lot better in my practice than ever before."

DON'T comment to patients about the work you've done for other patients. The average patient has no interest in anything you do, outside of what you do for him and it may make him feel that you aren't giving him the concentrated attention you should when you start talking about your work for other people.

DON'T ever rush out to get a bite to eat while there is a patient in the chair. Don't do any personal telephoning while there is a patient in the chair and don't do anything at all that will make the patient feel you aren't giving him 100% attention. What the average patient wants is speed—he wants to get out of the chair just as quickly as he can. Next he wants constant, careful attention while he is in the chair and, third, he wants to be sure that when he

once gets out of the chair he won't have to come back again to have work done over that wasn't done right in the first place.

DON'T talk to patients about wonderful theatrical performances you've seen, or the great automobile trips you've taken or the expensive new rugs or furniture or things you've bought for your home. Perhaps the patient has denied himself some good times and some furniture, clothes, etc., in order to come to your office and have needed work done. So it doesn't make any hit with the average patient to learn about the good times you're having while he's out of luck.

DON'T let the patient see you making a long search for some particular instrument. Every time the dentist can't immediately lay his hands on what is needed the patient is apt to think that an especially serious operation is about to be undertaken. This may scare the patient to the point almost of nervous prostration and it doesn't help the dentist in his activities at all.

DON'T make mistakes in accounts. The patient who finds the dentist careless in keeping accounts is apt to think the dentist is careless in other lines. Which, in turn, may make the patient feel like never patronizing the dentist again because of a fear that through carelessness the dentist might make an unfortunate mistake which would cause pain and needless trouble.

DON'T operate when excited if it is at all possible to keep from doing so. Just about every time the dentist operates when he is all worked up over something, he communicates his excitement to the patient and this may lead to trouble.

But how can the dentist subdue his excitement?

"I'm one of those individuals who are quite excitable," said a young dentist recently. "I get all stirred up over things, such as local conditions in the civic world, interesting things that are occurring, politics and so on. And unless I watch myself very carefully I carry my excitement into the office and right up to the chair. And every time I do that, I have difficulty in handling my work with my usual speed and care and I find the patients becoming restless. So I simply have to calm myself before beginning operating. In calming myself I find that my best plan is absolutely to dismiss from my mind the subject which has caused my excitement. Suppose, for instance, I've been to a meeting of the city council—I'm a member of the council. Suppose something has come up that has gotten my very close attention and that has excited me considerably. If this is the case I try to put the matter out of my mind before going to sleep that night. I turn on the radio, for instance, and listen to it carefully. Or I have a game of solitaire and while playing it, make myself think about some interesting article or novel I've

recently read. And when going to the office in the morning I force myself to think of something other than the exciting event.

"In most cases this plan works out well for me. I calm myself and I am able to handle my work in a satisfactory manner. I've never gotten anywhere at all when I've allowed myself to be excited when operating."

DON'T fail to tell patients not to chew on their new fillings for the specified number of hours.


"This is an old proposition but a good one," said one successful dentist. "It makes the patients feel that the dentist is following through with his services rather than letting patients fend for themselves entirely. And it saves the dentist from many troubles, I believe, because without such instructions there are numerous crazy patients who would enjoy chewing on their new fillings just to see how strong the fillings were. I always make it a point to impress on all of my patients the thought of letting the fillings harden before eating, no matter how intelligent patients seem and no matter what time of the

day or night the work may have been done."

DON'T kid patients. The average patient doesn't like to have the dentist laugh about the condition of his teeth and doesn't like to have the dentist refer to the patient's fear of the chair or anything of that sort. Kidding patients in any manner, shape or form is one of the very easiest of all ways to get in so bad with clients that they will veer away from the kiddier entirely.

DON'T use gruesome pictures on the office walls. Remember that the clinical picture which may seem instructive and worthwhile to the dental profession may look terrible to the patient who has been dreading his visit to the office.

DON'T treat patients as though they were entirely lacking in intelligence—as though they knew nothing at all about the process of repairing damaged mouths. The average patient of the present day is considerably wiser than the patient of ten or fifteen years ago and rather resents it when the dentist seems to assume that he alone knows anything at all about teeth.



*Let Me Tell What I*

# DON'T KNOW

*About Dentistry*

By T. LEDYARD SMITH,  
D. D. S.

THE profession is full of men who know all about dentistry. Let me tell what I don't know about dentistry.

A popular headline would be "Pyorrhea." What do I know about it? Nothing. Does anyone?

When I was quite a bit younger, say fifty years ago, I was a steady sitter-in at the meetings of the First and Second District Dental Societies. With both ears wide open I would listen to white-haired men tell all about pyorrhea. After a half century of listening to papers, articles, discussions, pro and con, we are now waiting for the Columbia Dental School to complete a three-year course of research into pyorrhea and tell us what they know, or—like myself—don't know.

My knowledge which is nil, but as good as the best, has cost me nothing. It is going to cost Columbia a hundred thousand dollars of somebody's money to find out just what pyorrhea is—if they find out.

My observation has shown me that not "four out of five" but not even four out of a hundred who sit in your chair have pyorrhea.

My early education taught me that irritation, if continued, was followed by inflammation, which in turn unless checked, was followed by suppuration.

Irritation, inflammation, suppuration. That was the lineup. But how often does irritation end in suppuration, pus, pyorrhea? We see much irritation in the mouth, from any one of several causes—never approaching a pyorrhea stage. Don't ask me the cause of the degeneration of the upholding cellular tissue about the necks of teeth, or what is called absorption of the gum. Or the relationship—if any—with pyorrhea.

Perhaps the Columbia Research will agree with some present day knowledge that local expressions of a long line of faulty assimilation, faulty metabolic function, interrupted anabolic and catabolic balance.

Maybe they will. Quien sabe? I don't. Not a satis-

### *The AUTHOR*

One of the men who made Dentistry what it was the day before yesterday, before the volunteer uplifters and Andy's iron money began to ask questions, is Dr. T. Ledyard Smith of New York.

Dr. Smith has had a very distinguished career in his profession; he has a splendid faculty for observation and a keen wit that has made his life a pleasant journey. One of the things that particularly endears Dr. T. Ledyard Smith to ORAL HYGIENE is the fact that he was one of the very highly prized friends of W. Linford Smith who founded this journal. You will enjoy reading the Doctor's remarks on Periodontoclasia as she was and is.—R.P.M.

factory conclusion after a half century of listening-in.

Tell me another. Here it is: "A clean tooth never decays." Or does it? We find mouths full of solid teeth that are strangers to the toothbrush.

And teeth that are scrubbed twice a day that are melting away like sugar in tea.

What tooth has more constant attritional cleansing than the cusp of a superior cuspid? And yet, now and then we find the very tip of the cusp with a deep pit—of decay. Likewise a similar pit of decay on the mesialbuccal cusp of a lower bicuspid under constant attrition. How come? In spite of constant cleansing these teeth do decay.

This contrary evidence in this clean tooth argument does not make me a very good listener.

Simply some more bed-time

story stuff that I don't understand. If it had a bit of logic, why not carry it to the back of the mouth, to the distal surfaces of the lower second molars, that are so often found sound and where no amount of brush bristle cleansing can ever reach. Then in some of these same mouths with sound undecayed unbrushed lower molars will be found anteriors with a twice-a-day brushing decaying mesially, distally, labially and sometimes with a pit of decay behind the nodule on the palatine side.

Some mouths will show anteriors with progressive grooves at the neck line. Of course, due to excessive brushing. Sure. Why not? A good argument, until we find this same condition getting contrary by changing the line of direction to up and down, from the gum line to the edge in superior centrals.

Not common, but it does occur. And when it does, it is an argument strong enough to brush aside the toothbrush attrition cause. Nothing in my short career of observation has proven the "clean tooth never decays" story worth a second thought. Nor does it attract Columbia who is to spend three years to find out the cause of tooth decay.

What I don't know about such things!!

At a meeting of the Second District Dental Society in Dr. Jarvie's house in Brooklyn, ages and ages ago, when there were present some of the very builders of dentistry, such men as Kingsley, Atkinson, Dwinelle, Carr and others, a prominent member read a paper on chloride of sodium and its advantages and even its necessity as a constituent of our food.

Another member replied and condemned salt if taken in any amount beyond the requirement of cooking, if that much. He banished salt at the table, where some have the habit of making food look like a birthday cake, and who, probably will soon be adding their last candle to their own cake as a consequence of oversalting. As a help to this argument we may take as ex-

hibits the sailors who return from prolonged voyages, suffering from scurvy, the remedy for which, by the way, may be had in fruit and soup made from the peelings of potatoes—unsalted.

The next salt exhibit are those who suffer from hardening of the arteries. The advocates of salt will say that chlorine and sodium are two of the necessary sixteen elements that make blood. And strangely, the same sixteen make a grain of wheat. And again a drop of milk. So therefor, we must have salt. Sure. So, too, must we have iodine, which also is one of the sixteen elements of the blood. And if we don't get iodine we will have goitre. The blood to be complete must have its quota of iodine. The answer is, take iodine. Eat oysters, if you are in no hurry, but this is the hurry-up age and oysters are expensive. So, make up a salt with iodine and take plenty, but if we think we can take iodine in bulk or out of a bottle and not have the hurry wagon back up to the door we are foolish.

Iron is a blood element, too, but it doesn't follow that we must get piggish and eat pig-iron.

*Coming: "Dr. Kingsley as I Knew Him,"*

*By T. LEDYARD SMITH, D.D.S.*

# Teaching GENERAL ANESTHESIA to the Dentist

By M. HILLEL FELDMAN, D. D. S.,

(Chief of the Dental Department of Lincoln Hospital; Instructor in General Anesthesia, Allied Dental Council; President of the Society for the Advancement of General Anesthesia in Dentistry.)

IT has been said that "Good surgery is the exponent of no single method." To me this principle holds good with anesthesia; for a successful operation requires the preparatory induction and maintenance of a stage of anesthesia wherein the operative procedures may be carried out by the surgeon while the patient is in a state of local or general suspension of afferent nerve stimulation. The choice of the anesthetic frequently depends upon the temperament of the surgeon.

Some men prefer to block off the area of operative procedures with novocain or some similar agent. Others make nitrous oxide and oxygen their choice because they can operate just as well with the patient awake as asleep. That equally good surgery is possible when a general agent is used there can be no

gainsaying. Much depends upon the temperament of the operator, as I have already pointed out. We are not, for the moment, discussing the various pathologic conditions of the mouth or of the patient, as they present contra-indications to one or the other of the forms of anesthesia. That has been discussed so frequently in the dental literature that I do not intend to present a lengthy argument favoring one over the other, in this brief contribution.

It might be apropos, however, to point out here that there is a gross misconception in the minds of many dentists relative to the properties of local and general anesthetics. Serious accidents sometimes accompanying operations performed under general anesthetics have scared many operators into abandon-

*There is a gross misconception in the minds of many dentists relative to the properties of local and general anesthetics.*

ing the use of a general anesthetic in their offices.

General anesthetics possess three properties which are equally characteristic of local anesthetics. These are:

1. A general action on protoplasm.

2. An elective action upon the nervous system, especially the central nervous system.

3. The possibility of restitution of the functions which have been disturbed by the anesthetic agent. (O. Gros)

Gwathmey points out, however, that these properties are found in local anesthetics as well—cocain, eucain, stovain, alypin, and novocain. These drugs are protoplasmic poisons. Gwathmey has also frequently remarked that any agent, local or general, which can produce anesthesia, can also produce death. This is important for those to bear in mind who may feel that all danger has been removed when they have eliminated general anesthesia from their office routine. Deaths resulting apparently from the effects of a local or a general anesthetic are frequently baffling.

After lining up all our theories, we are still at a loss for a definite and positive answer to the riddle. But this much is certain: general anesthesia has been neglected by the profession at large. The dentist has failed to take advantage of this wonderful aid to good dental surgery.

There is need for instruction in the field of general anesthe-

sia for the practitioner. The facilities for graduate instruction are extremely limited. I do not favor the installation of an apparatus for delivering anesthetic gases to a patient without a satisfactory course of instruction. The demonstration of the technical workings of the particular apparatus by a salesman is certainly inadequate. Perhaps this may in part account for the number of "gas" apparatuses which have found their way down into the cellar or into the attic.

General anesthesia cannot be mastered by studying a textbook, nor by reading articles on the theories and practice of anesthesia. The clinical experience is absolutely essential. The dentist must make arrangements to watch a great number of anesthetics induced before he should think of taking up the serious problem of general anesthesia in his office. The manufacturers of gas apparatus would do well to see that their prospective customer does this.

There is evidence that already some of the manufacturers are giving heed to this problem. There are no short cuts to the mastery of general anesthesia. There are no short cuts to the attainment of perfection in any branch of dental art. A thorough familiarity with the theory and practice of general anesthesia should precede the administration of general anesthetics in the office. Only in this way will the dentist find joy in his work, and the patient

delight, with the service rendered.

Just as the field of graduate instruction is widening with the universities in academic subjects, equally so must the dental schools take the lead in bringing back to their lecture and clinic rooms the many who feel that they wish enlightenment upon special phases of dental practice. I believe that this state of affairs will eventually come to pass. A closer co-op-

eration between the dental society and the dental school is the logical step forward in the scheme of dental education. Until this comes about, my solution to the problem is that the dentist perfect himself in the technic of the administration of general anesthetic gases by associating himself for a time with one who can teach the clinical facts to him. The preceptor stage of dental education must again prevail.



## DENTAL MEETING DATES



New York Meeting for Better Dentistry, Hotel Pennsylvania, New York City, December 1st to 5th inclusive.

The annual convention of the Alpha Omega Fraternity will be held at the Hotel Statler, Detroit, Mich., December 22nd to 24th inclusive. Please make reservations direct to the hotel.—William Rich, D.D.S., Supreme Chancellor.

Chicago Dental Society Meeting and Clinic, Stevens Hotel, Chicago, February 2nd to 5th inclusive, 1931.

Kings County Dental Society, St. George Hotel, Brooklyn, N. Y., February 25th to 28th inclusive, 1931.

Iowa State Dental Society, Ft. Des Moines Hotel, Des Moines, Iowa, May 5th to 7th inclusive, 1931.

FRANK BROCK *tells*  
*how racketeers . . .*



## Capitalize Vanity

*For years dentists have been the special prey of petty racketeers. Absorbed as we are in professional problems, we are out of touch with sources of information which warn business men against this type of slicker.*

*Frank Brock, who is writing these articles for ORAL HYGIENE, has personally aided the authorities in apprehending more than one of these gentry.*

*Readers will remember his "Investment Pitfalls" which appeared in several issues recently.*

BETWEEN "The Gentle Grafter" of O. Henry and today's "racketeer" there exists as wide a chasm as there is between that gifted writer and your present informant. But O. Henry wrote fiction while it is my purpose to relate some facts descriptive of a few minor rackets now prevalent in the East. These are doubtless destined to be repeated in other cities, if they have not already migrated.

The custom of minor officeholders (sheriffs, police officials, magistrates, etc.) of issuing "courtesy cards" to personal friends and sycophants has brought into being magistrates' and constables' associations, business men's leagues, municipal associations, detective and police associations, and a variety of other so-called organizations with very formidable names.

Cards addressed to "All Peace Officers" certifying that "A. Mugg" is a member in good standing for the year 1930

are iss  
advert  
nual"  
These  
ward  
meano  
holder  
the cas  
to bel  
assista  
phone  
proach  
tation

"TI  
So-and  
name  
I wou  
memb  
a mem  
entitle  
also t  
render  
pose y  
with i  
while  
you d  
we w  
I'm s  
men  
certifi  
know  
Than  
boomi  
is sile  
on th  
No  
zen y  
tered  
posed  
"Jud  
that  
secon  
had  
sit a  
your

are issued to all who purchase advertising space in an "Annual" which is seldom printed. These amulets are supposed to ward off "tickets" for misdemeanors and to obtain for their holders a suspended sentence in the case of a felony—if you are to believe some of the fourth-assistant racketeers. The telephone is the medium of approach and generally the solicitation is somewhat as follows.

#### "JUDGE" BLANK

"This is Judge Blank of the So-and-So Association. Your name has been given to me and I would like you to become a member of my association. As a member, you will not only be entitled to all the privileges but also to whatever service I can render to you personally. I suppose you are sometimes bothered with jury notices, or, once in a while you get a 'ticket.' If you do, stop in and see me and we will smoke a cigar over it. I'm sending one of my young men over with a membership certificate and cards and I know you'll treat him right. Thanks very much," and the booming voice of the "Judge" is silenced as the receiver goes on the hook.

Now if you are a normal citizen you will feel somewhat flattered that you have been proposed for membership in "Judge" Blank's association and that the "Judge" himself had seconded the nomination and had personally invited you to sit among the elect. Before your surprise and gratification

have had an opportunity to cool, the emissary of the "Judge" arrives. You may reflect that "politics makes strange bedfellows" as your eye appraises the man from the "Judge."

#### "PLEASE SEND CHECK"

He hands you an envelope which contains the membership certificate and cards just as the "Judge" promised, together with a nice little note from the "Judge" himself suggesting that you subscribe to some advertising space in a forthcoming "manual" or "guide." The rates for the advertising are neatly typed in one corner of the letter, "Full page, \$100; half-page, \$60; quarter-page, \$35. Please send check by bearer."

Do you think you talked to the "Judge" over the telephone? Banish the thought! A "boiler room," similar to those used by gyp stock promoters, has several phones each attended by a sonorous voiced youth who impersonates the "Judge" and extends the invitation while he makes his sales talk. He gets a percentage of each check secured through his solicitation and, if he lasts long enough, a commission on renewals.

The "Judge" frequently wears his title through courtesy, sometimes he is nothing more than a former justice of the peace in some small community and is never in office at the time he is the titular head of his "association." He receives a salary for the use of his name

and is very infrequently seen in or about the office.

This is a somewhat difficult racket to combat for the reason that it is almost impossible for the complainant to identify the person who spoke to him over the telephone and therefore a successful prosecution is well nigh impossible.

#### "PRESS ASSOCIATIONS"

Various other rackets—also successful—are based on man's vanity. These range from the so-called "press associations" through puff sheets to books of biography. Every taste and every purse can be satisfied except that of the men or corporations who can afford to employ their own press agents or "public relations counsels," as it is high-hatted.

The "puff sheets" are probably the most popular and profitable. Their entire scheme is based on:

"'Tis a maxim of the schools  
That flattery's the food of  
fools,  
Yet oft the wisest of our wit  
Will condescend to take a  
bit."

And this verse was pasted on the wall of the sanctum sanctorum of one of the most enterprising of the sheets.

The name of the puff sheet is important. It thrives on mixed identity and usually the name selected by the proprietor is *almost* that of a well-known publication—but not quite. One national publication of the high-

est standing is frequently annoyed by the representations of employees of a puff sheet in New York City which undoubtedly obtains a fair percentage of its income through being confused in the public mind with its better known near-namesake.

#### SUGAR

Puff sheet procedure is simplicity itself and again the telephone is the avenue leading to your desk. The voice at the other end tells you that the *Blinkety Blank Blank* is calling, the editor speaking. "I'd like to read an article to you which will appear in a forthcoming issue to be published on Thursday of this week. Not much time left. If there are any corrections or additions to be made, will you kindly indicate them?" He then proceeds to read a sugary paragraph or so about you or your business. He gives you an opportunity to make corrections and then suggests that you will, in all probability, want to send copies to your friends or customers. Copies of the magazine are 35 cents each or reprints may be had by the thousand at an equally fancy price. Unless you buy either reprints or magazines no write-up will appear.

It has recently become the practice of one of the more enterprising puff sheets to use the long distance telephone just as the stock promoter does, so do not be surprised if you receive a call from one of the larger cities some day and are invited

to "take a bit." Some puff sheets maintain branches in three or four cities, so profitable has their business become.

It is almost needless to state that these publications have no legitimate standing, no second-class mailing privilege, no advertising patronage but subsist entirely on the revenue they derive from the sale of magazines and reprints to the subjects of the write-ups.

### ALL ABOUT YOU!

Do you want your biography written? I don't mean a long history of your life with anecdotes of your childhood, but just a sketch of the high spots of your career which would serve as the basis for an obituary or a newspaper story if you suddenly took the notion to run around biting dogs.

You will be told by the solicitor for the firm which caters to the vanity of the "also-rans" that his organization serves thousands of newspapers and magazines with "press sheets." He doesn't tell you that the thousands of publications invariably pass these "press sheets" right on to the wastebasket and do not trouble to file them.

For a couple of hundred dollars and a photograph they will prepare a thousand-word article with you as the subject and promise to distribute them to their clients. They will also send you a generous supply for local distribution, if you wish to have them. This business

may not be properly classified as a racket for it is comparatively harmless, but it serves no good purpose.

It provides an easy living for the owners of the "press association" and relieves the subject of some of his surplus, at the same time feeding his vanity. Every year the "association" gets in touch with the "client" and tries to sell him a revised "press sheet" and, too frequently, they are successful.

### LOOK PLEASANT, PLEASE!

Visitors to large cities—and many permanent residents also—are not only annoyed but also "taken" by a new form of solicitation devised by one firm of photographers and now being copied by many others. The first step is for the photographer to organize a "news service" of some description and register the name with the county clerk in accordance with the law. He is then ready for business.

The newspapers and trade magazines are scanned carefully for "tips" which are promptly followed up. Through this source the photographer learns that Henry Brown, a steel man of Pittsburgh, is registered at the Astorbilt. Mr. Brown is called on the telephone and is informed that the "Dinky News Service" has been commissioned by the *Iron and Steel Weekly* to obtain a photograph of Mr. Brown for them. He is told that he is under no obligation to order photographs from them because the publication has au-

thorized the work. "When will it be convenient for Mr. Brown to pose for the photographer from the "Dinky News Service"?"

If Mr. Brown cannot come to the studio—and every effort is made to have him do this—an appointment is arranged at his hotel.

### C. O. D.

The rest is a matter of salesmanship. The *Iron and Steel Weekly* did not authorize the "Dinky News Service" to photograph Mr. Brown. If the salesman is successful in inducing Mr. Brown to "take a bit" the photographer takes a number of "shots," proofs are submitted to Mr. Brown and the finished product is eventually delivered or shipped C.O.D. regardless of his financial standing. In most instances a substantial deposit is secured when the order is placed—enough to more than cover the actual cost of the work—and the rest is velvet.

If Mr. Brown has enough photographs and doesn't make a purchase the photographer makes one or two shots and

these are filed. Some day Mr. Brown may murder his wife and if this happens the "Dinky News Service" can peddle his photographs to the newspapers at \$5 a copy.

### YOUR COAT OF ARMS

There are, of course, many other varieties of vanity appeals and the average man will respond to some one or more of them. Only recently the newspapers gave considerable publicity to a racketeer who based his graft on heraldry. This individual would endeavor to trace your coat of arms—if he could—or devise a coat of arms for you if none existed. Some fairly prominent people were involved but when the investigation developed some rather unsavory details of the gentleman's past life the whole thing collapsed and quite a few people lost several hundred dollars.

The one redeeming feature of these frauds is that they usually deceive only those who have the money to pay the piper and if they want to dance to these tunes who shall they deny them their pleasures?



*Another article by MR. BROCK will appear  
in an early issue.*

# Tempus FUGIT



From the second  
November issue of  
ORAL HYGIENE,  
published 18 years  
ago, in 1912.

## THE ECONOMIC VALUE OF CLEAN MOUTHS

By far the greatest economic waste mankind faces is due to physical ailment of individuals. There will always be some physically unfit people in the world. That much is certain. But there should be no such number of physically unfit as we now have. That this is generally believed is proven by the many movements now on foot to improve this condition. All hygienic and sanitary measures now being urged, all health laws and pure food and drug laws, all campaigns for the dissemination of disease-preventing information, have for their intent increasing the efficiency of the producers and decreasing the number of non-producers. And from that standpoint they are economic measures, pure and simple. — GEORGE EDWIN HUNT D.D.S., *Indianapolis, Ind., first editor of O. H.*

## UNION SPRINGS, ALABAMA

Union Springs, Alabama, is on the oral hygiene map hard and fast. Union Springs not only has compulsory medical and dental inspection, but *no scholar can attend school unless he or she has a permit from the den-*

*tal inspector.* Both medical and dental inspectors are salaried officers appointed by the board of education. Well done, Union Springs!—*Editorial.*

## THE MOTION PICTURE FILM

Probably the greatest sensation at the meeting of the National Dental Association at Washington, D. C., was the first public presentation of the educative motion picture film entitled "Toothache," which took place at the meeting of the National Mouth Hygiene Association on the evening of Friday, September 13, 1912.

The Motionscope Company, who made the film, set up a big tent with a board floor in a school-yard in Cleveland, Ohio. Desks and other articles were brought from the schoolroom and put in position in the tent. Scenic artists made and painted scenery representing part of the two ends and all of one side of a school room showing the blackboards, chalk rails, doors and all things necessary. Then, after a final rehearsal in the improvised school room, one side of the tent was removed, the top pulled back, the camera and operator properly located in the yard on a table, and the picture was taken.—*Editorial.*

# Aren't We All AMERICANS?

By LOUIS R. SIEGEL, LL. B., LL. M., D. D. S.

MAN'S existence here on earth is but a flash of lightning that bolts across the brain substance and with a quiver leaves the dying mass behind; for life is a transient nomad, here now, then gone, and all is quiet.

Must we then be malevolent in our practices toward our fellow men; shall we exclude the tender touch of the human soul; must we be mountebanks in our administrations; shall we not in our social complexities lighten the burdens of others?

As members of a noble and useful profession let us embrace each other as brothers, and create a wall impregnable to all impious laws.

In the event of a crisis do we not throw our all into one cauldron and cast our lot together? A good example is the last war.

Then why will not the dental profession of one state open its arms in welcome to dentists of sister states? Why must a dentist qualified to practice his profession in one state be challenged by a sister state?

*Are there any people in these United States that claim to be better than the rest of us?* The present system is pathetic, and oftentimes strikes deep into the rights of some victim.

I recall not long ago a dentist, John we will call him, who after practicing dentistry for twelve or fifteen years lost his

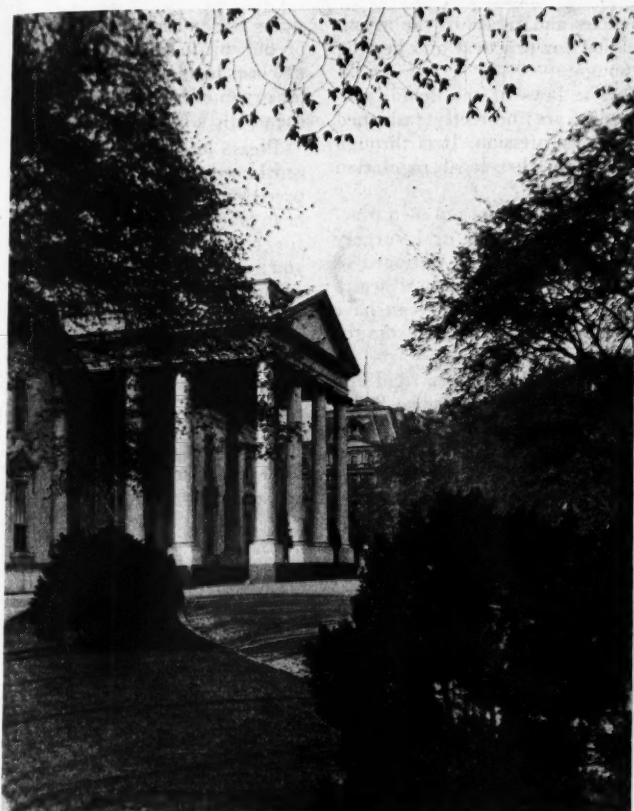
health and, although a very efficient practitioner, feared his inability to cope with the strain of a state board examination; being of limited means, he experienced

a short struggle and passed away, leaving some very young dependents to face the hardships of a fatherless world. A change of climate would probably have let Fate pen a different story.

It is my belief that the men of the dental profession are almost wholly at fault in the present prevailing condition.

We have created dental societies; we have created a national organization. Then why not combine these very organi-

*Why must a dentist qualified to practice his profession in one state be challenged as to his ability by a sister state?*



zations, unite our members serving the various state boards, unite every hand in the profession of dentistry of this country?

Then let us equalize dental education and create a uniform standard throughout the nation.

The laws equalizing human forces will always live as long as man lives. Even the abolition of state border lines in the prac-

tice dentistry will not and cannot impair the livelihood of another.

Have you ever stopped to think how the Unseen Hand seems to regulate the various armies of industries, precipitating an almost perfect equilibrium? Won't you men who fear invasion please give this matter some thought, and abandon

fancies and freaks of the imagination for practical and healthy thought.

The laws of the dental profession are indirectly fashioned by the profession. It is through this body that legal regulation ensues.

Fifty-odd thousand men practicing dental and oral surgery in this country are stationed as the guardians of the oral health of its people; and we can have anything within reason from the governing bodies.

We may encounter rigid and set minds that cannot be flexed with reason; but the law of the masses is tenable, and in that is power.

Reciprocity between sister

states is not the only sore need of our profession, but first let us clasp hands in behalf of better organized dentistry, offering the public a higher service.

Please let me hear from you, gentlemen, in sympathy with the preceding suggestions. Let me hear from you, state examiners, for your profession calls upon you; and I will ask the editor of ORAL HYGIENE to publish the names of those men who pledge themselves to aid in this movement.

Here goes for a good start. The dental profession of America for better dentistry, and a finer and deeper understanding towards all our brethren.

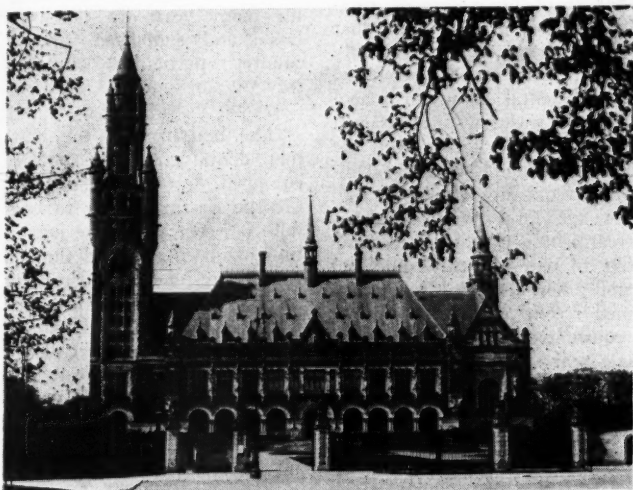
### *They Do Appreciate It*

I am writing this to thank you for the nice notice you gave me in August ORAL HYGIENE on my sand-paper disk. I thought for a long time that Dr. Taft was right, when he said the dentists would use it but would not appreciate it.

But from the number of letters that I have received, I am satisfied that a great many dentists in the United States do appreciate it.—W. L. DISMUKES, D.D.S., Nashville, Tennessee.

# INTERNATIONAL ORAL HYGIENE

Translated and Briefed by CHARLES W. BARTON



*Peace Palace, The Hague*

## H O L L A N D

The annual report of the Dutch Association for the Prevention of Dental Disease, published in the general meeting of March, 1930, shows the extensive activity in which this Association has engaged. Apart from educational exhibits in The Hague, Amsterdam and other important cities, the Department of Education of the Dutch Indies has ordered 10,000 copies of Ferguson's book on the teeth. Several other pub-

lications have reached important sales, the last edition of 50,000 copies of a small educational pamphlet having been rapidly sold out, so that a reprint has become necessary. There are now available three motion pictures and several sets of lantern slides; and this material is utilized, together with lectures on oral hygiene, in a large number of the more important centers in Holland.

*Tijdschrift Voor Tandheelkunde*, June, 1930.

## GREAT BRITAIN

Of the school children examined by the school dental officer of Bury, 92 per cent were found to be in need of treatment. The average of the whole of England is 67 per cent, so that Bury's percentage is probably the highest in the country. Bury's dental clinic for school children was not opened until October, 1928. Since then the staff has found so many children requiring attention that the age limit for compulsory treatment is to be raised from five to ten. Of three hundred and ninety-five children examined recently, only six did not require treatment. During the last year, 3,909 extractions and 2,533 fillings were carried out.

\* \* \*

The medical officer of Carlisle complains in his annual report, just issued, upon school medical inspection, that many children start school with their mouths in an unhealthy and septic condition, owing to unsatisfactory feeding and neglect of cleanliness. "Children get no dental treatment before school age," he says. "And their parents appear to be ignorant of the fact that, unless the temporary teeth are cared for, it is impossible to have properly formed and healthy permanent teeth by means of which a child can properly masticate its food. The only means in the circumstances of giving the permanent teeth a healthy mouth in which to erupt is by the extraction of decayed and useless temporary

teeth. Some step should be taken to remedy this distressing state of things." (The remedy, it would appear, is in the establishment of pre-school dental clinics, so urgently advocated for many years by Jessen of Basle and supported, in this country, particularly by Otof.)

\* \* \*

The building for the Eastman dental clinic, erected and equipped by means of Mr. George Eastman's gift to London, is progressing; the institution has been endowed through the generosity of the President of the Royal Free Hospital, Lord Riddell, and the Honorary Treasurer, Sir Albert Levy, who have provided the munificent sum of £100,000 toward this object. Treatment will be provided for children residing in the vicinity of the hospital, particularly those of the metropolitan boroughs of St. Pancras, Islington, Finsbury and Highbury. The main object is to carry out intensive dentistry with orthodontic, radiographic, and photographic departments. In addition to dental work, provision is made for a surgical section containing forty beds for the treatment of tonsil and adenoid, cleft palate, and harelip cases. Plastic surgery will also be undertaken. The dental side has been equipped with 68 dental chairs (55 for children and 13 for adults) and 68 units. Fifty of these chairs and units will be placed in the conservation room. The units have been

specially designed to stand on the right side of the chairs. These are fitted with a special arm to carry a hollow table, into which a case containing the operator's small instruments may be fitted. These cases can be removed and locked up when the chair is not in use. As at present arranged, there is an adult extracting department, and provision is made for the study and treatment of dental conditions in the expectant and nursing mother.

*The Dental Record,*  
June and July, 1930.

## C A N A D A

Dr. W. A. Maclaren has written a letter to the *Toronto Star* on the subject of dentistry for the poor. His observations are interesting enough to bear repeating. "From time to time," says Dr. Maclaren, "dentists received circulars appealing on high grounds for more preventive dentistry." After twenty-five years of careful observation, he believes that the attitude of the profession as a whole towards the underpaid and under-

privileged classes is that dentists do not care to have them as patients. Dental economics are absorbing their interest and sapping their moral fibre. For the great mass of people below the comfortably-off strata, dentistry is too expensive to be undertaken except as an emergency. While no reasonable fee is too high for these people to afford discriminating dentistry, what about the tens of thousands earning only enough to keep body and soul together? As workers, their morale is lessened. As factors in spreading disease, they are dangerous carriers. And as potential parents the effect on the next generation is lamentable.

Since hospital and college clinics do not meet the situation, Dr. Maclaren makes the call for a number of clinics in the less favored residential areas and for high class clinics in all larger department stores and factories. Dr. Maclaren thinks that it is up to the city council and medical health officers to act.

*Dominion Dental Journal,*  
June, 1930.

## Back Numbers Sought

Dr. Theodor Blum of 101 East 79th Street, New York City is endeavoring to accumulate a complete file of ORAL HYGIENE for binding, and lacks eighteen issues as follows:

1911, January, February, March, April; 1912, January, October; 1914, February, March; 1915, January, September, October; 1916, January, April, May, June; 1919, April, May, September.

Readers of the magazine able to supply Dr. Blum with any or all of these issues are requested to communicate with him.

# Ask ORAL HYGIENE



CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND  
GEORGE R. WARNER, M.D., D.D.S.,  
1206 REPUBLIC BLDG.,  
DENVER, COLO.

---

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

---

## *Malignant Growths*

*Q.*—Would appreciate your help on the following. Patient 20 years of age has lower right lateral malaligned toward the lingual. On the lingual of the tooth there appears a growth of gum tissue about the size of a pea, grayish white in color. This growth is loose and flabby and is not sensitive, but just by merely touching this spot a flow of blood is started taking many minutes to stop. Patient cannot brush her teeth without this happening.

Had x-ray taken, but it only shows pus pocket around tooth in question.

I have tried treatments of phenol applied very carefully to do away with the growth but only a fair amount of success was obtained. There is at no time any pain in connection

with tooth. Growth has been there about a year.—N.C.S. .

*A.*—The growth described in your letter is, in all probability, a benign hypertrophy caused by sub-gingival calculus. If this does not disappear upon a thorough removal of all calcareous deposits in this neighborhood, it would be wise to have a microscopic examination of this tissue, because malignant growths sometimes start in this manner.

—G. R. WARNER.

---

## *Cleaning Extracted Teeth*

*Q.*—Will you please tell me what is the best way to clean up old extracted teeth, when they are to be used for models in carving or study?

I want to take this opportunity of telling you how much benefit I get from the questions

and answers in "Ask ORAL HYGIENE."—D.C.E.

A.—Possibly some of our readers can tell us a better way to clean up old extracted teeth, but the method we use is to soak the teeth for a few minutes in very dilute nitric acid, neutralize them in soda, and then soak them in glycerine.—V. C. SMEDLEY.

### *Maxillary Sinus Infection*

Q.—This is my first appeal to you for help but not the first time you have helped me as I always read your "Ask ORAL HYGIENE" first each month and always find it very helpful.

Here is the case that puzzles me:

Patient, age 32, height 5 ft. 4½ in., weight 165 lbs. Occupation, wholesale jeweler, sometimes sets diamonds and does a little repair work but not at this close work constantly. History—about two years ago patient noticed incisal edges of all upper anterior teeth "sore." This "soreness" gradually worked up to gingiva. Physician consulted who prescribed for mercurial poisoning. Also gave patient silver nitrate and iodine solution for the gums for home treatment.

Patient later noticed that when he lay down a heavy discharge would drain from the nose into the throat, which caused considerable annoyance and loss of sleep.

One year ago had right antrum opened and piece of

septum removed from right side of nose. Since then patient is not bothered with discharge from nose, sleeps better and feels much better. Soreness has disappeared over anterior teeth also but a numbness has appeared over right upper central. This numbness is not present when patient arises but gradually appears as the day wears on until it is quite pronounced in the evening and the patient says, "It tires my head."

Two or three times a day pus collects in the corners of the eyes, even when not doing close work.

Patient never was seriously sick and, aside from this numbness which appears over right upper central, he feels fine. This numbness causes patient to want to bite on the central all the time and no doubt this constant biting is what causes his "tired head" at night. His mouth and teeth are in excellent condition. His gums are pink and firm. All teeth are present in mouth including all third molars which are in good shape. Occlusion is very good and the only repair work is a few silver fillings in posterior teeth. Upper right central seems to be vital and the x-ray revealed nothing.

Would be greatly pleased if you could tell me what causes this numbness over the central, if the pus in the corners of the eyes is in anyway connected with this condition or if it is

all due to the sinus trouble and has no dental connection.

I am in a quandary, your reply will be anxiously awaited and greatly appreciated.—J.A.L.

*A.*—Your most interesting case is probably one of affectation of the nerve supplying the six anterior teeth by infection of the maxillary sinuses. The history of the case would prove this rather conclusively. The present condition of the central incisor is undoubtedly an aftermath of that same infection and might be due to the operative results instituted to evacuate the sinuses. This parathesia of the central incisor may clear up. An injured nerve tissue is much slower in repairing than almost any other type of tissue.

The present condition of the eyes might be due to a local condition and what the patient thinks is pus might be mucous secretion from an inflammatory condition of the lids, or it might be due to extension of infection from the nose up through the tear ducts. It would be wise therefore to have him consult a competent ophthalmologist.—G. R. WARNER.

### *When Nerve Block Fails*

*Q.*—Recently a patient presented for extraction of a lower second molar. Mandibular and long buccal injections were administered and anesthesia brought about.

The tooth was firmly embedded and attempts to remove

it "in toto" were unsuccessful. I resorted to breaking off the crown in order to get at the roots singly. I then found it impossible to touch the roots because of the vital pulp which was exposed. I gave another mandibular injection and injected locally, but could not anesthetize the pulp. Pressure anesthesia was impossible because of the pain involved. I could not approach the roots with an instrument without causing excruciating pain. I finally resorted to general anesthesia (nitrous oxide and oxygen) and removed the roots.

Is there any way to get anesthesia of the pulp in similar cases, so that it would not be necessary to give a general anesthetic to remove roots like the above?—M.B.R.

*A.*—It is common experience to fail in securing complete anesthesia for cavity preparation by means of the nerve block.

Sometimes one may actually expose the pulp on the axial wall of a cavity without sensation, yet acute pain will be experienced when excavating in another part of the same cavity. It has been noticed that one portion of a cavity will be sensitive in cavity preparation under nerve block and no other part of the cavity will be sensitive, although caries on secondary dentin seems to have no influence one way or the other.

It has been noted many times that the carious portion of a tooth would respond sharply when touched but that the tooth

could  
with

The  
tend  
anesth  
securi  
as an  
nerve

It  
tirpat  
nerve  
the p  
painle

So  
positi  
at the  
some  
thesia  
under

Al  
ten u  
the a  
as it  
each

Q  
rect  
case

Wor  
temb  
extra  
piece  
but  
disap  
itche  
scrat  
blee  
him  
sect  
from  
no p  
A.E

A  
your

could immediately be extracted without pain.

These various experiences tend to show that nerve block anesthesia is not as constant in securing anesthesia of the pulp as anesthesia of the peripheral nerves of the same tooth.

It is common practice to extirpate pulps painlessly under nerve block yet once in a while the pulp cannot be removed painlessly in this manner.

So far as I know there is no positive answer to your question at the present time. There are some things about block anesthesia that are not thoroughly understood.

All of the foregoing is written under the assumption that the anesthesia was as complete as it was possible to secure in each case.—G. R. WARNER.

### *A Puzzling Case*

Q.—Please advise me to correct treatment of following case: Patient—Male, age 53. Works in a lumber yard. September, 1928, second molar was extracted. Came out in three pieces. Had pain in this area but after three months pain disappeared. But he said it itches in this area. At times he scratches the gums until they bleed. Only relief I can give him is to trim the gums or dissect the gum or remove the gum from this area. X-rays show no pathology or roots there.—A.E.W.

A.—The case presented in your letter is quite unusual. We

ordinarily attribute itching to irritation of some nature. In this case without seeing the radiograms I am at a loss as to the probable or even possible source of the irritation. I would suggest the possibility of caries in the adjoining teeth, or of an impacted third molar, or of some pathological condition in the area from which the tooth was extracted. If you would like to send me fresh radiograms made of this side of the mandible I would be very glad to look them over for you and tell you what I think of the condition.—G. R. WARNER.

### *Grinds Her Teeth*

Q.—I have a patient, a girl age seven, who grinds or grinds her teeth at night. She has been to a very competent pediatrician in Oklahoma City and he reports her O. K.

I wonder if you could give me a little information as to the etiology and treatment?—E.B.S.

A.—If the pediatrician finds the child normal and the teeth are perfectly healthy I would suspect the second dentition as a possible cause. Perhaps the arch is not expanding normally and the permanent teeth are crowded or impacted. There is also the possibility of dentigerous cysts. A radiographic examination would be in order in making a diagnosis. The treatment would depend upon the diagnosis.—G. R. WARNER.

# "Dear Oral Hygiene—"



"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

## Better Nomenclature Needed

On page 1745 of your journal for August, 1930, is an obituary notice with the editorial comment "the best newspaper obituary that I have ever seen written about a dentist." That the article has a high order of merit no one reading it will deny, but it does make use of the expression *metal pivot* in connection with dental restorations.

It would be difficult to locate the one who gave birth to that expression, no doubt, and more difficult to calculate the millions of people who have used, and are still using it, because the dentist does. Which is a pathetic commentary on our intelligence.

We like to think of ourselves as educated men, and still the world goes on using such vapid, idiotic wording as "pivot teeth," "stomach teeth," "jaw teeth," "nerve canals," "kill the nerve," and "nerve devitalizer," etc., and because of the large number of dentists (?) who are doing it we have no one but ourselves to blame.

Will someone start an active campaign in the interest of better wording in the discussion of things dental, both among ourselves and with our patients?—  
JOHN A. WATTS, D.M.D.,  
Newark, N. J.

## "Looking Over Mouths"

Meeting business and economic problems in a dental practice, as well as in other business policies, is inevitable. The average processes of successful living bring one in contact with other fair procedures of business, and the average wideawake professional man is forced to make some comparisons. The average dental practice is made up of people of such exacting business training that they almost force the issue of a modern, scientific, regulated business policy.

This exacting and scientific age calls for efficiency and saving of human energy, which is a priceless effort. Yet much human effort is lost, never to be born again, which is needless.

The business standards set by professional men of a generation ago are no longer applicable—

no more than the legendary procedure of child rearing and training. This very comparison is indisputable. Yet many professional men struggle along with highly polished ideals of rendering modern up-to-date service, with up-to-date equipment, and still have the antiquated business methods employed at the turn of the century. I venture to say that this class is coming out of the gloom by reading and studying economics; but those negligent in regard to rendering an up-to-standard service, but wishing to do better, will not see much light.

This latter class still uphold all standards of ethics but give away hours of effort to examinations, consultations, and reading x-rays. And when this great class charge a fee for that service, "The Specialist" your columns mentioned last month won't be so clever.\* If the first dentist (general practitioner) had given the "specialist's" patient one-half hour examination and consultation and reading x-rays (which they most generally drag along)—that were taken by the "specialist"—and charged her \$5, there would have been four other dentists *not* bothered that day, and that incident would have closed there and then.

The general public will still expect to waste the dentist's time for "looking over mouths" until he stands for a profit fee

for examination and consultations. Attorneys and physicians charge for their advice requiring only a few minutes; and in the case of some lawyers they haven't even an investment in a high school education. Why the public expect to take up a dentist's time for nothing is certainly sufficiently clear—LYNN MORGAN, D.D.S., *Los Angeles, California.*

### *"Prognosis: Doubtful"*

The following document was found in the pocket of a patient brought to the pathological ward of a well-known hospital today. He is suffering from dementia praecox and malnutrition and exposure to the cold weather. He was wearing a very light summer suit in a severe blizzard.

He is said to be a dentist with an office in a professional building. When discovered, he was acting queerly in a very busy and crowded waiting room of a dental "parlor" operated by a local corporation which has a chain of such establishments. Prognosis: doubtful—CHARLES WOLFF, D.D.S., *New York City.*

I am operating two offices. One is strictly ethical with no signs except those absolutely essential.

The other is a so-called advertising office or dental "parlor."

I am very busy in my ethical office. The "parlor" is slow and runs at a loss most of the time.

I am convinced the public prefers the truth in dentistry and will accept and pay well for the better type of prosthetic dentistry if it is

\*ORAL HYGIENE, August, 1930, page 1746 (not to be confused with "The Specialist's" father, Dr. Sale!)

properly presented and explained to them.

Big signs no longer pay. They scare away prospective patients rather than attract. It is the recommended patient that counts after all and I find from experience that the patients will quickly refer their friends and relatives if you treat them right and give them a square deal.

### *God and The Doctor*

I always enjoy your magazine so much. I am sending a short poem that I liked and maybe you might care to print it. If not, you are very welcome anyway. — SAM T. ARCHAMBEAU, D.D.S., *Amarillo, Texas.*

"God and the doctor alike we adore,  
Just on the brink of danger and  
not before.

Danger passed, both alike are required.

God is forgotten and the doctor  
slighted."

### *Tribute to Dr. Dismukes*

Your compliment in August ORAL HYGIENE to Dr. W. L. Dismukes of Nashville, Tenn., was a very graceful gesture and I applaud it. Of course I have written personally to thank Dr. Dismukes for giving us the sand paper disc but how poor is this tribute compared to what he deserves!

Why cannot the great American Dental Association award him a handsome diploma and make him an honorary member for life? Why cannot he be made an F. A. C. D.? In short, there is no reward we can offer

him that will offset the tremendous financial sacrifice he has made in our behalf.

It is a rare thing to witness such generosity of spirit and such unselfishness should not go unrewarded, so I ask you to use your large and wholesome influence adequately to honor this man while he yet lives. Let's go.—CHARLES SHEPARD TULLER, D.D.S., *New Orleans, Louisiana.*

### *In The Olden Days*

I recently came across an old book giving a history of Richmond, Va., from 1792 to 1856. This book was written by George M. West, 1856, and its title is "Richmond, Va., In By-Gone Days—reminiscences of 'An Old Citizen'." I am enclosing a short article which I have copied from this book which may be worth reprinting in ORAL HYGIENE.—L. D. JONES, D.D.S., *Ironton, Ohio.*

1856—Now-a-days the profession of dentistry gives lucrative employment in our city to almost a score of practitioners. In the days of my boyhood (about 1795) only one tooth drawer, who probably never heard the word dentist, did all the work and all the mischief in the dental line.

Peter Hawkins was a tall, black negro, and he rode a rawboned black horse, for his practice was too extensive to be managed on foot; he carried all his instruments, consisting of two or three pullikins, in his pocket. His dexterity was such, that he has been known to be stopped in the street by one of his distressed brethren (for he was of

the church) and to relieve him of the offending tooth, gratuitously, without dismounting from his horse. His strength of wrist was such, that he would almost infallibly extract, or break a tooth, whether the right or wrong one.

I speak from sad experience, for he extracted two for me! a sound and an aching one, with one wrench of his instrument (called twister). On Sunday he mounted the pulpit instead of black Bare Bones, and as a preacher he drew the fangs of Satan with his Spiritual pullikins, almost as skilfully as he did the teeth of his brother sinners on week days, with his metallic ones.

### *Income*

I have added the income of each month over a period of five years, 1925-1929, inclusive, and found the average for all months of the year. I herewith tabulate them in order as to the biggest income months.

1. May
2. August
3. June
4. July-October (same)
5. April-September (same)
6. March
7. January
8. November
9. February
10. December

This year's income to date, August 1, 1930, has fallen behind 12 per cent. I am sure this is due to abnormal conditions. If possible, I would appreciate opinions from other practitioners through their figures via your magazine.

The town I practice in is one of many closely allied with the proportion of about one dentist to 1750 population.

I cannot get any information from my fellow practitioners as they either do not want to take the trouble to investigate their records or simply do not give any information.

I have kept good records for twenty years and won first prize in December, 1915, on the question "Cost of Inlay," in *Dental Digest*.—L. C. SIRKUS, D.D.S., Port Richmond, N. Y.

### *Believe It Or Not!*

I happened on a Contradictory Proverb today, Ripley stuff:

"Dear ORAL HYGIENE" Department quotes:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—Voltaire.

HOWEVER—

"Every man," said Dr. Samuel Johnson, "has a right to his own opinion, and everyone else has a right to knock him down for it."—W. E. COMFORT, Grand Junction, Mich.

### *We're Sorry*

A beautiful girl of my acquaintance laughed so explosively at the last story but one, page 1748, column 2, August issue, that her upper plate flew into the air, the remaining (anchorage) tooth breaking off. She now requires a powder—to keep the plate firmer in her mouth. Will you kindly recommend one and much oblige.—CAPTAIN GEORGE CECIL, Pas-de-Calais, France.



W. LINFORD SMITH  
Founder

# ORAL HYGIENE Edi

REA PROCTOR McGEE, D.D.S., M.D.,

*Editor*

Manuscripts and letters to the Editor should be sent to the Publication Office of ORAL HYGIENE, 1117 Wolfendale St., Pittsburgh, Pennsylvania.

---

## Then and Now

THE world gives tribute to the courage of Andree and his two companions, Fraenkel and Strindberg, who lost their lives thirty-three years ago in an attempt to reach the North Pole in an old-fashioned gas balloon. Their balloon was at that time the best ever and their equipment was the best that had ever tried the far North.

When their balloon came down the only chance they had for rescue was tramping over hundreds of miles of ice and snow to some point where whalers might pick them up in the short Arctic summer. This great physical effort required splendid physical condition. Andree's Diary reveals the sad fact that in his day dental preparedness was not yet thought of and scientific expeditions actually set out without proper dental care as a prerequisite.

This is shown by the fact that both Fraenkel and Strindberg suffered terribly from toothache and consequent indigestion; this so weakened them that whatever chance the party had for safety was totally lost.

The last thirty-three years have seen a great advance in the public regard for dentistry. Can you imagine a scientific expedition starting into any inaccessible place without a thorough dental overhauling, in these days?

Poor Andree and his companions, how they must have suffered!

# NEEditorial Comment

## What Is This Thing Called Sex?

DOWN in Texas, where they have women governors now and then, a Mrs. Hall takes issue with *Time* for printing the name of the new president-elect of the American Dental Association and not taking notice of the American Association of Women Dentists.

Here is what she has to say:

*Women Dentists*

Sirs:

Under the head of "People" in your Aug. 4 issue you devote a paragraph to the new President of the American Dental Association, but take no notice of the fact that the women dentists met in Denver at the same time and had an election also. I am neither business nor professional woman, nor do I know the head of either organization; but I like to see women receive due recognition. I understand that the women and men dentists work together and are all associated.

Dr. Stella Risser of Houston, Tex., was elected President of the American Association of Women Dentists to succeed Dr. Mildred Dickerson of Washington, D. C. Both these women rank right along with the most eminent men of their profession. Dr. Riser is the author of various scientific papers and the book—*Your Child and You*—which is the most helpful thing I know of upon the subject of children's teeth. She is one of the foremost dentists of America, regardless of sex. I know Dr. Risser only by reputation, so there is nothing personal in my attitude.

(MRS.) MARY HALL

Victoria, Tex.

The American Dental Association is not based upon "sex". No member is accepted or rejected upon a basis of sex, politics, religion or previous condition of servitude—even color is not considered. The American Dental Association is composed of regu-

larly graduated and licensed ethical practitioners of dentistry.

The officers are elected by the representatives of all of the members, male and female. There is no comparison of the relative values of male or female dentistry. Good dentistry performed by a woman is exactly the same as good dentistry performed by a man. Poor dentistry is poor whether a man or a woman is the guilty one.

The need for a woman's dental association is beyond my understanding; the women are just as welcome in any dental association as are the men.

There is a lot of bunk about the relative value and about the basic differences in the minds of men and women. Actually there is no difference. Social conventions have built up artificial barriers that Nature has failed to recognize. Every human being can divide his or her ancestors evenly between the two sexes. How could there be a basic difference mentally when heredity is exactly the same?

Biologically there is no rivalry, merely co-operation. If anybody has the advantage it is the women because they live the longest and collect the insurance and if the man doesn't happen to die off the courts assess alimony against him and the woman gets the best of it after all. A woman can do almost anything that a man can do and do it just as well, sometimes better; but there are a lot of things a woman can do that a man cannot accomplish; as for instance wearing modern feminine apparel without gooseflesh and blushes.

Women are neither superior nor inferior to men, they are just as welcome as the flowers in June; ten million of them are engaged in gainful occupations in the United States today; no one in business questions their ability; the inferiority complex should be shed like crinoline and bustles. This seems to be the country of women and the age of women; if anybody is on the decline it must be the men.

## Another World's Fair

IN 1933 Chicago will have the greatest of all world's fairs. The Dental Section of the National Research Council Advisory Committee will have charge of the splendid dental exhibit which will cover the whole scope of dentistry from embryology of the oral region to the latest dental manufactures.

The display will cover Anatomy, Histology, Physiology, Bacteriology, Pathology, Physiological Chemistry, Pharmacology, Surgery, Physics, Metallurgy, Anthropology and Paleontology. In fact this exhibit is going strong on "ologies" and well it should for no less than fourteen dental deans are in the assemblage of directors.

Dr. Frank B. Jewett, vice-president of the American Telephone and Telegraph Company, is working with the Chicago trustees in the general preparation of the delineation of the scientific progress of America.

Members of the dental section of the National Research Council Science Advisory Committee are Dr. Arthur D. Black, Dean, Northwestern University Dental School, Chicago, chairman; Dr. E. H. Hatton, research director, Northwestern University Dental School; Dr. Leroy M. Miner, dental department, Harvard University, Boston, Mass.; Dr. Clark J. Hollister, dental director, State Department of Health, Harrisburg, Pa.; Dr. Percy Howe, research director, Forsyth Dental Infirmary, Boston; Dr. Guy S. Millberry, Dean, dental department, University of California; Dr. Frederick B. Noyes, dental department, University of Illinois; Dr. Harry W. Nelson, Minneapolis; Dr. Alfred Walker, New York City; Dr. L. W. Moorey, dental director, City Department of Health, Chicago; Dr. U. G. Rickert, research director, University of Michigan School of Dentistry; Dr. Pearl E. Wilson, director, dental health education, State Department of Health, Okla-

homa City; Dr. George Wandell, supervisor, bureau of dental health education, American Dental Association, and Dr. C. N. Johnson, editor, *Journal of American Dental Association*.

### Toothless Lawyer Delays Trial

**O**F course it is necessary for the criminal laws to "have teeth in them" but this is the first time that I have heard that the criminal lawyer must be similarly equipped:

Clothes do not make the man, it is generally conceded. And neither do teeth make the attorney, but, just the same, they are held to be more or less essential to his courtroom eloquence.

For that reason, Superior Judge William Tell Aggeler agreed to the postponement of the trial of Luther Weyant, police officer, charged with the murder of William Teems, 17-year-old Negro boy.

When the case was called it developed that Peter J. Youngdahl, attorney for the defense, was totally toothless, having had all of his molars extracted last week.

His dentist, it was stated, had failed to keep a promise to have his plates ready on time for the trial.

Youngdahl was given until Monday morning to get his new teeth installed and ready for action.—*Los Angeles Record*.

*Coming:*

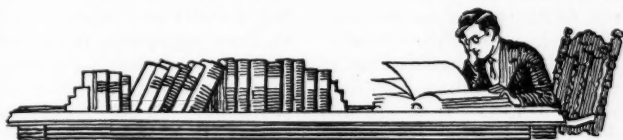
*The 20th Anniversary*

*Number of*

ORAL HYGIENE

*January 1931*

# ORAL HYGIENE'S LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

## *"Dentistry—A Profession and Business"*\*

By A. B. WILLIAM SUTER, D. D. S.

EVERY book has a special duty to fulfill; some books leave you glad, some leave you sad; some teach, some amuse, but all leave a definite imprint upon you. Dr. A. B. W. Suter has written a book that fulfills its destiny by giving you a most inspiring and constructive appreciation of dentistry.

*Dentistry—A Profession and a Business* is not strictly a young man's book but somehow it leaves you with a feeling of youth and a wish that today you were starting out to build the kind of practice so charmingly described in this volume.

A good many books on the subject of economics have appeared within the last few years but this one stands out alone as a splendid example of ethical and practical handling of a rather difficult subject. There will be more books on this subject and if there should be a better one it will be because a

criterion has been established.

Dr. Suter's book takes up the various problems of the dentist in their natural sequence. First of all it considers the personal equation of the dentist—what the patient expects of him in the matter of ability, appearance, personality and personal integrity. The first chapter is in reality a scales upon which the dentist may weigh his assets and determine his shortcomings and requirements for success.

The establishing of the dental office itself is one of the first and most important considerations in the professional life of the dentist. In order that he may analyze the possibilities of a location, the author offers a series of questionnaires which will give the prospect a definite working idea of what he may expect from any type of community. These questionnaires may be sent to commercial rating agencies for analysis and, of anything we have seen, offer by far the most logical method of approaching this problem.

\*The Ritter Dental Mfg. Company, Rochester, N. Y.; price, \$7.50.

In commenting on the dentist's selection of a location for a dental practice the author says: "Generally speaking, a dentist is dependent for his practice on the people in the community in which he has located. There is as much difference in communities as there is in individual dentists. It is essential that a dentist select a community for which he is temperamentally, financially, socially and professionally suited." The solution is found in this book.

The matter of financing a dental office has given many a dentist lots of concern. A businesslike method is suggested in a special chapter dealing with such vital matters as rent, cost of equipping, overhead, etc.

One of the most outstanding parts of this book is the section dealing with the arrangement of the rooms, and furnishing and decorating a modern dental suite. The attractiveness of a dental suite need not necessarily depend upon the cost of its furnishings. Dr. Suter teaches the fundamentals of design and arrangement.

The code of ethics of the American Dental Association is elaborated upon and methods are shown whereby the dentist may obtain ethical publicity in a dignified and constructive manner. The matter of correct stationery, professional wearing apparel, office courtesy and similar subjects are very cleverly handled and these chapters might well serve as a guide for the entire profession.

In dealing with the business

side of conducting a practice, the author does not suggest many new or revolutionary ideas. The real value of this part of the book lies in the author's ability to separate the best of these suggestions from those that are not in keeping with the dignity and best interests of the profession and to present an ethical and practical method for handling the economic phases.

Other chapters deal with the important subjects of partnerships, savings, duties of the assistant, the x-ray and its advantages, teaching the patient the value of health, and the conduct of a children's practice.

In the chapter dealing with the manner of influencing the layman's appreciation of dentistry there is a most valuable and comprehensive chart which shows the various points that the dentist should stress in presenting his diagnosis and contract to the patient. A brief study of this chart gives the dentist a guide that he can very safely and conveniently use.

In presenting his book, Dr. Suter says: "This book was really written by the dentists of America, and merely compiled by me." While it is true that some twenty-eight of the leading dentists of America collaborated with him in furnishing the material for this book, to Dr. Suter must go the credit of fusing these ideas, together with his own, into a book that is not only practical and helpful but possesses a literary charm unsurpassed in modern dental literature.

—T.N.C.

# Too Many Dentists in Germany?



By Captain GEORGE CECIL

ACCORDING to the German Society of Dental Surgeons, Germany possesses more dentists than she can support, and with the extremely lamentable result that many of the practitioners earn what is barely a living income.

"No other profession is so absurdly overcrowded," declares the President of the Society, "the fees, in certain cases, being ridiculously and ignominiously low." Indeed, so trifling is the income of many a dental surgeon that a mechanic is better off than his employer. A pretty state of things for the Herren!

Just seventy-four years ago there were but five hundred and forty registered dentists in the whole German Empire, while six decades later, owing to more attention being paid to oral hygiene, this small number had risen to five thousand two hundred. Today the figure has been doubled, and to the consternation of the Society, the President arguing that ten thousand four hundred dental surgeons is far too many for a country with nearly seventy millions of inhabitants. A simple mathemat-

ical calculation will show how many dentists there are per head of the population.

Some authorities consider that an extension of the training period for dental students and a more severe examination should reduce the number of dentists. Others suggest that if the dental schools were to double their fees, applicants might be choked off.

A few, greatly daring, have proposed that all practitioners over fifty-six years of age ought to retire while still in the flower of their manhood, thus leaving the field clear for younger men. No doubt a percentage of the ten thousand four hundred would be only too glad to fall in with this amiable suggestion. But they, alas, cannot afford to do so, the late War having temporarily dislocated their practices, which never were, at any time, particularly well remunerated. All have merited pity—rather than a strong hint to clear out.

Meanwhile, the German Society of Dental Surgeons intends taking drastic steps to ease the situation.

# What PRICE EQUALITY?



By

TIMOTHY TUBBY, D. D. S.



FROM time to time there appear in the current dental press articles calling attention to the fact that dentistry is a branch of the healing art; stressing the importance of a closer co-operation between members of the medical and dental professions; urging a still higher standard of dental education; bemoaning the fact that the medical profession is slow to recognize dentistry as a specialty of medicine; and querulously wondering why the social and professional standing of members of the dental profession is, as a rule, assumed to be lower than that of the men engaged in the practice of medicine.

That "the wish is father to the thought" largely explains the reason for the appearance of such articles, and while no one can deny that dentistry has made remarkable strides in the past quarter of a century toward the attainment of the goal of actually being accepted as a medical specialty, it nevertheless remains a fact that dentistry has been in the past, is now, and for many years will continue to be, a profession in which mechanical judgment and skill are the

chief factors which occupy the attention of those men who are engaged in the many and varied phases of dental practice.

It has not been so many years since dentistry was universally regarded simply as a mechanical trade. Dentistry has arrived at its present status where it is beginning to be entitled to some small right to be called a real profession, only because of the constant and untiring efforts of those men of high type who in the past have made, and at the present time are continuing to make an earnest attempt to develop dentistry as a real profession and one that will be worthy of the ungrudging respect of the type of men engaged in the practice of medicine.

As the mechanical and reparative part of dental practice is the one which largely occupies our time and attention, it is but natural that to this part we devote most of our thought and energy. But that is no reason why every other phase of practice should be relegated to the limbo of forgotten things, nor why text-books and current dental journals should, in altogether too many instances, be so conspicuous by their absence in

dental offices and in private dental libraries.

If physicians do not feel, and if the general public hasn't apparently the slightest idea that dentistry has finally emerged from the chrysalis stage to take its rightful position as one of the learned professions, who is at fault and what are we, as individuals, and as a profession, going to do about it?

If the co-operation between practitioners of dentistry and medicine is not all that it should be, on whose shoulders should the blame rest, and how can this defect be remedied?

If the medical profession is slow to recognize dentistry as a *bona fide* branch of the healing art, and if physicians are slow to accord to dentists, as a class, that "social and professional equality" which so many members of the dental profession seem to think is only our right, at whose door can the fault, if it is a fault, be laid?

Is a higher standard of dental education *per se* going to prove a panacea for the problem of how best to secure for dentistry that professional parity with medicine to which many of us feel we are justly entitled, or does the solution of this problem depend upon other and more important factors? Let us see.

The profession of medicine is old, its origin dating back for many centuries. Compared to medicine in point of age, dentistry is but a child in swad-

dling clothes. The profession of medicine has always been a healing profession while dentistry, relatively speaking, is only just emerging from its obscure position as a mechanical trade and has not yet fully earned the undisputed right to be considered a true specialty of medicine. Nor will it finally have earned that right until the mental attitude of many dentists has undergone a marked change and they are able to look upon the profession of dentistry, and its possibilities for bettering the general health of their patients, with a much broader vision than many of them have at the present time.

The public has looked upon the profession of medicine for centuries with pride, and has given to dentistry but an occasional passing thought so far as ranking it as a specialty of medicine is concerned. The ideals of the medical profession are age-old; those of the dental profession, while no less fine, are but a few years old. The medical profession cannot be expected at this time to take to its bosom a profession that has only just begun to develop marked signs as such, nor can physicians be expected to co-operate heartily with members of the dental profession when too often the individual members of both groups speak an entirely different language, and while the attitude of the majority of men in the dental profession to-

ward the general health of their patients remains what it is.

The members of the dental profession have no right to expect to be accorded a position of professional equality with the practitioners of medicine until the standard of dental education has been placed on a par with medical education. So far as the question of so-called "social equality" is concerned, each dentist must look to himself.

Social equality is purely a relative thing at best, and so long as the individual dentist does his level best to raise his profession to a higher plane by means of unselfish personal service to his patients, and so long as his own mental, moral, and civic accomplishments are equal to those of other professional men in his community, he need never worry about "social equality." It will take care of itself.

A higher standard of dental education is not going to prove a panacea for the problem of placing dentistry on a level, professionally, with medicine. Theoretically, a higher standard of dental education will attract a higher type of men to the study of dentistry. Assuming that the average physician is of a higher type than the average dentist, anything in the way of dental education that would tend to bring into the dental profession men of a type who could meet physicians on a common mental ground would indeed be salutary.

The writer has little patience with those individuals in the dental profession who are forever belittling dentistry, and who are continually trying "to hear beyond hearing the song that shall never be heard," and "to see without seeing the picture that shall not be painted." Just so long as dentistry continues to be regarded by the public, and by dentists, as well as by physicians, as a purely mechanical vocation, just so long will it be practically impossible to raise the dental profession up to the same professional level as medicine.

Just so long as the average dentist devotes his whole time to the mechanical side of dental practice—to the complete exclusion of those broad fundamental subjects of physiology, pathology, and hygiene—just so long will his opinion regarding the well-being of his patients be disregarded (and rightly so) by both the medical profession and the laity. And just so long will the much-to-be-desired co-operation between dental and medical practitioners remain largely an evanescent dream.

Dentistry today is a profession of which we can be justly proud. Its accomplishments during the past half-century have never been excelled by any profession, and for any dentist to be ashamed that he is a dentist, and for him to be continually wishing he were "socially and professionally equal" to men in the medical profession is an in-

dication of an inferiority complex which would be amusing were it not so pathetic.

Constant striving by each individual dentist, month after month and year after year, to raise the standard of his work and of his ideals, will in the course of time automatically

raise the standard of the entire dental profession. And the time is not far distant when we, as dentists, need have no fear that the medical profession will not accept us as sincere co-workers in the upbuilding and maintenance of the health of those committed to our care.

---

### A. D. A. Insurance Secretary Makes Important Announcement

After December 31, 1930, evidence of insurability will be required of all members of the American Dental Association, applying for Group Life Insurance through the Association.

Membership in the American Dental Association is all that is necessary in order to retain the coverage, regardless of the occupation or retirement of the individual.

Total permanent disability occurring before age 60, caused by accident or disease, will be covered with no restriction regarding aviation, aeronautics or submarine navigation.

For further information write to Dr. Fred A. Richmond, Insurance Secretary, 305 Federal Reserve Life Building, Kansas City, Kansas.



# The Dunns, O'Tooles and Sullivans

By FRANK A. DUNN, D. D. S.

*[Many readers will remember Dr. Dunn's splendid article, "Mr. President and Fellow Members!" which appeared in October ORAL HYGIENE last year. Among the things that ORAL HYGIENE didn't know until now was that Dr. Dunn is also a rimer of ability—as proved by this delightful verse.]*

Whin Greeks and Romans still wore tails,  
And lived in trees, ate bugs and snails,  
Who dwelt like kings in peaceful vales?

The Dunns, O'Tooles and Sullivans.

Way back whin things had just been made,  
Who in bright splendor all arrayed  
Led off in ivory grand parade?

The Dunns, O'Tooles and Sullivans.

That garden snake was very wise  
In picking someone Adam's size,  
He knew he couldn't fool with lies—

The Dunns, O'Tooles and Sullivans.

O'Killes, traitor, shame on you,  
To call yourself Achilles; Pooh!  
More honor had you claimed kin to

The Dunns, O'Tooles and Sullivans.

Who was it sint the lowest bids  
To build thim ancient pyramids?

Who was it but thim hustlin' kids,

The Dunns, O'Tooles and Sullivans.

Who cheered up Eve whin things were dark,  
Drew up the plans for Eden Park,  
Told Noah how to run his ark?

The Dunns, O'Tooles and Sullivans.

Who was it that invinted war,  
Whose praise is sung in ancient lore,  
Who was the world created for?

The Dunns, O'Tooles and Sullivans.

And whin on Judgment Day the Lord  
Picks out the chosen to reward,  
Who'll get the best the heavens afford?

The Dunns, O'Tooles and Sullivans.

# A Tooth Powder of 200 Years Ago

By R. F. HAMILL



**T**WO hundred years ago or so our English ancestors were having a great deal of trouble with their teeth. Any casual reading of the literature of the time will provide references to the black teeth so common then; indeed, it has been surmised that the many cases of gout, or what was called gout in those days, were caused by diseased mouths. Yet one can hardly understand how any Englishman could have suffered in that way when he could have had the marvelous tooth powder advertised in the London *Weekly Amusement* for July 12, 1734, as follows:

## THE INCOMPARABLE POWDER FOR CLEANING THE TEETH

(at Six-Pence the Box)

Has withstood, by its most excellent and known Virtues, the Attempts of many repeated Counterfeits; some imitating it by Name of Powder, others under several other Names; therefore pray take Notice, that the only true, effectual, and original Powder is sold no where else, but at Mr. Turner's Ware-House, as mentioned below: It is sent for in large Quantities to the Plantations beyond the Seas, to whom good Allowance is given, and is as effectual in the East or West-Indies as at London. Which has given so great Satisfaction to most of the Nobility and Gentry in England, is sold only at

TURNER'S ELIXIR WARE-HOUSE  
THE CORNER OF DOWNS-STREET  
NEAR THE TEMPLE  
PICCADILLY

At once using it makes the Teeth as white as ivory, though ever so black or yellow, and effectually prevents them from rotting or decaying, continuing them sound to exceedingly old age. It wonderfully cures the Scurvy in the Gums, prevents Rheum or Defluction, kills Worms at the Roots of the Teeth, and thereby hinders the Tooth-Ach. It admirably fastens loose Teeth, being a neat cleanly Medicine of a pleasant and grateful Scent, and in Virtue far excells any Thing ever yet found out for those Purposes.

# LAFFODONTIA



*If you have a story that appeals to you as funny, send it in to the editor. He MAY print it—but he won't send it back.*

Sufferer: "I'm leaving this room Saturday. I can't find a clean towel or a piece of soap to wash with."

Landlady: "Well, haven't you got a tongue?"

Sufferer: "Yes, but I'm no cat!"

Midnight at a chicken coop.  
Owner raps on the door: "Anybody in there?"

Voice from the chicken coop: "Only us chickens, boss."

Ding: "So your grandfather is a sure enough old-timer?"

Dong: "Yeah. He says he can remember when baking powder out-sold face powder."

When tourists drive through Columbus on their way to Kansas City the following conversations are typical:

Cadillac drives up, chauffeur says, "How far is it to Kansas City?"

"One hundred and forty miles," is the reply.

"Give me twenty gallons of gas and a gallon of oil."

Buick: "How far is it to Kansas City?"

"One hundred and forty miles."

"Give me ten gallons of gas and one-half gallon of oil."

Ford: "How far is it to Kansas City?"

"One hundred and forty miles."

"Give me two quarts of water and a bottle of 3-in-1 oil and hold this son-of-a-gun until I get in."

Austin: "How far is it to Kansas City?"

"One hundred and forty miles."

"Give me an aspirin tablet and a bottle of pop."

"We men are so suspicious we never know when our wife kisses us when we come into the house whether it is done for affection or investigation."

Father: "Are you sure he loves you? That it isn't your money?"

Daughter: "He swore he worshipped me since he first saw me."

Father: "Where was that?"

Daughter: "At the beach this summer."

Father: "Were you in a bathing suit?"

Daughter: "Why, yes."

Father: "He's after your money."

A man was discovered by his wife one night standing over his baby's crib. Silently she watched him. As he stood looking down at the sleeping infant, she saw in his face a mixture of emotions—rap-ture, doubt, admiration, despair, ecstasy, incredulity. Touched and wondering alike at this unusual parental attitude and the conflicting emotions, the wife with eyes glistening arose and slipped her arms around him.

"A penny for your thoughts," she said, in a voice tremulous with tenderness.

Startled into consciousness, he blurted them out:

"For the life of me, I can't see how anybody can make a crib like that for three forty-nine!"

Wife: "Do you know that you haven't kissed me for six weeks?"

Prof. (who is absent minded): "Good heavens, who have I been kissing then?"